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NEWS 1		Web Page URLs for STN Seminar Schedule - N. America
NEWS 2		"Ask CAS" for self-help around the clock
NEWS 3	May 12	EXTEND option available in structure searching
NEWS 4	May 12	Polymer links for the POLYLINK command completed in REGISTRY
NEWS 5	May 27	New UPM (Update Code Maximum) field for more efficient patent SDIs in CAplus
NEWS 6	May 27	CAplus super roles and document types searchable in REGISTRY
NEWS 7	Jun 28	Additional enzyme-catalyzed reactions added to CASREACT
NEWS 8	Jun 28	ANTE, AQUALINE, BIOENG, CIVILENG, ENVIROENG, MECHENG, and WATER from CSA now available on STN(R)
NEWS 9	Jul 12	BEILSTEIN enhanced with new display and select options, resulting in a closer connection to BABS
NEWS 10	Jul 30	BEILSTEIN on STN workshop to be held August 24 in conjunction with the 228th ACS National Meeting
NEWS 11	AUG 02	IFIPAT/IFIUDB/IFICDB reloaded with new search and display fields
NEWS 12	AUG 02	CAplus and CA patent records enhanced with European and Japan Patent Office Classifications
NEWS 13	AUG 02	STN User Update to be held August 22 in conjunction with the 228th ACS National Meeting
NEWS 14	AUG 02	The Analysis Edition of STN Express with Discover! (Version 7.01 for Windows) now available
NEWS 15	AUG 04	Pricing for the Save Answers for SciFinder Wizard within STN Express with Discover! will change September 1, 2004
NEWS 16	AUG 27	BIOCOMMERCE: Changes and enhancements to content coverage
NEWS 17	AUG 27	BIOTECHABS/BIOTECHDS: Two new display fields added for legal status data from INPADOC
NEWS 18	SEP 01	INPADOC: New family current-awareness alert (SDI) available
NEWS 19	SEP 01	New pricing for the Save Answers for SciFinder Wizard within STN Express with Discover!
NEWS 20	SEP 01	New display format, HITSTR, available in WPIDS/WPINDEX/WPIX

NEWS EXPRESS	JULY 30 CURRENT WINDOWS VERSION IS V7.01, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP), AND CURRENT DISCOVER FILE IS DATED 11 AUGUST 2004
NEWS HOURS	STN Operating Hours Plus Help Desk Availability
NEWS INTER	General Internet Information
NEWS LOGIN	Welcome Banner and News Items
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Enter NEWS followed by the item number or name to see news on that specific topic.

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* * * * * * * * * * * * * * STN Columbus * * * * * * * * * * * * * * *

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=> file bioscience
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=> s (iron(4w)chelat?) or (siderophore or ferrisiderophore or clioquinol or deferiprone or desferrioxamine or pseudan or hydroxamat? or hydroxpyridinone? or hydroxamic or pih or rhodotorulic or hbed or hbpd or ?dihydroxybebzoic or dtpa)
LEFT TRUNCATION IGNORED FOR '?DIHYDROXYBEBZOIC' FOR FILE 'ADISCTI'
LEFT TRUNCATION IGNORED FOR '?DIHYDROXYBEBZOIC' FOR FILE 'ADISINSIGHT'
LEFT TRUNCATION IGNORED FOR '?DIHYDROXYBEBZOIC' FOR FILE 'ADISNEWS'
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  22 FILES SEARCHED...
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LEFT TRUNCATION IGNORED FOR '?DIHYDROXYBEBZOIC' FOR FILE 'DGENE'

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  37 FILES SEARCHED...
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  59 FILES SEARCHED...
LEFT TRUNCATION IGNORED FOR '?DIHYDROXYBEBZOIC' FOR FILE 'SYNTHLINE'
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LEFT TRUNCATION IGNORED FOR '?DIHYDROXYBEBZOIC' FOR FILE 'VETU'
L1      212610 (IRON(4W) CHELAT?) OR (SIDEROPHORE OR FERRISIDEROPHORE OR CLIOQU
               INOL OR DEFERIPRONE OR DESFERRIOXAMINE OR PSEUDAN OR HYDROXAMAT?
                OR HYDROXPYRIDINONE? OR HYDROXAMIC OR PIH OR RHODOTORULIC OR
               HBED OR HBPD OR ?DIHYDROXYBEBZOIC OR DTPA)
Left truncation is not valid in the specified search field in the
specified file.  The term has been searched without left truncation.
Examples: '?TERPEN?' would be searched as 'TERPEN?' and '?FLAVONOID'
would be searched as 'FLAVONOID.'

If you are searching in a field that uses implied proximity, and you
used a truncation symbol after a punctuation mark, the system may
interpret the truncation symbol as being at the beginning of a term.
Implied proximity is used in search fields indexed as single words,
for example, the Basic Index.

=> s (cp94 or edta or polyanionic or hydroxyurea or catechol or hydroxylamine or
carnosol or naphtol or sulfasalazine or zileution or hydroxyanthranillic)
  26 FILES SEARCHED...
  53 FILES SEARCHED...
L2      700531 (CP94 OR EDTA OR POLYANIONIC OR HYDROXYUREA OR CATECHOL OR HYDRO
               XYLAMINE OR CARNOSOL OR NAPHTOL OR SULFASALAZINE OR ZILEUTION
               OR HYDROXYANTHRANILLIC)

=>

=> s (microalbumin? or micro-albumin? or micro(4w)albumin?)
  36 FILES SEARCHED...
L3       28646 (MICROALBUMIN? OR MICRO-ALBUMIN? OR MICRO(4W) ALBUMIN?)

=>

=>

=> s (l1 or l2)(P)(l3)
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L76 )(P)(L147'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L78 )(P)(L149'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
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FIELD CODE - 'AND' OPERATOR ASSUMED 'L81 ) (P) (L152'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L82 ) (P) (L153'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L84 ) (P) (L155'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L85 ) (P) (L156'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L89 ) (P) (L160'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L91 ) (P) (L162'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L104) (P) (L175'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L106) (P) (L177'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L107) (P) (L178'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L108) (P) (L179'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L109) (P) (L180'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L115) (P) (L186'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L117) (P) (L188'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L120) (P) (L191'
  53 FILES SEARCHED...
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L126) (P) (L197'
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'L139) (P) (L210'
L4          214  (L1 OR L2) (P) (L3)

=> dup rem l4
DUPLICATE IS NOT AVAILABLE IN 'ADISINSIGHT, ADISNEWS, BIOCOMMERCE, DGENE,
DRUGMONOG2, IMSRESEARCH, FEDRIP, FOREGE, GENBANK, IMSPRODUCT, KOSMET,
MEDICONF, NUTRACEUT, PCTGEN, PHAR, PHARMAML, PROUSDDR, RDISCLOSURE, SYNTHLINE'.
ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE
PROCESSING COMPLETED FOR L4
L5            89 DUP REM L4 (125 DUPLICATES REMOVED)

=> d ibib abs l5 1-89
NO VALID FORMATS ENTERED FOR FILE 'ADISINSIGHT'
In a multifile environment, each file must have at least one valid
format requested.  Refer to file specific help messages or the
STNGUIDE file for information on formats available in individual
files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):d ibib abs l5
'D' IS NOT A VALID FORMAT
'L285' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):d ibib l5 1-89
'D' IS NOT A VALID FORMAT
'L285' IS NOT A VALID FORMAT
'1-89' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):d ibib abs l5
```

```
'D' IS NOT A VALID FORMAT
'L285' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):d ibib abs l4
'D' IS NOT A VALID FORMAT
'L284' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT): d ibib abs
'D' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):d ibib abs l5 1
'D' IS NOT A VALID FORMAT
'L285' IS NOT A VALID FORMAT
'1' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):s l1 or l2
'S' IS NOT A VALID FORMAT
'L71' IS NOT A VALID FORMAT
'OR' IS NOT A VALID FORMAT
'L142' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT): d
'D' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):d ibib
'D' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):ibib
NO VALID FORMATS ENTERED FOR FILE 'ADISINSIGHT'
NO VALID FORMATS ENTERED FOR FILE 'ANABSTR'
In a multifile environment, each file must have at least one valid
format requested.  Refer to file specific help messages or the
STNGUIDE file for information on formats available in individual
files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):l5
'L285' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):s l1(P)(l3)
'S' IS NOT A VALID FORMAT
'L71(P)(L213)' IS NOT A VALID FORMAT
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In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):s l2(P)l3
'S' IS NOT A VALID FORMAT
'L142(P)L213' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):s l1(p)l3
'S' IS NOT A VALID FORMAT
'L71(P)L213' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):file bioscience
'FILE' IS NOT A VALID FORMAT
'BIOSCIENCE' IS NOT A VALID FORMAT
In a multifile environment, a format can only be used if it is valid
in at least one of the files.  Refer to file specific help messages
or the STNGUIDE file for information on formats available in
individual files.
REENTER DISPLAY FORMAT FOR ALL FILES (FILEDEFAULT):s (cp94 or edta or polyanionic
or hydroxyurea or catechol or hydroxylamine or carnosol or naphtol or sulfasalazine
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=> s (microalbumin? or micro-albumin? or micro(4w)albumin?)
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L7 28646 (MICROALBUMIN? OR MICRO-ALBUMIN? OR MICRO(4W) ALBUMIN?)

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DRUGMONOG2, IMSRESEARCH, FEDRIP, FOREGE, GENBANK, IMSPRODUCT, KOSMET,
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L9 33 DUP REM L8 (43 DUPLICATES REMOVED)

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L9 ANSWER 1 OF 33 USPATFULL on STN
ACCESSION NUMBER: 2004:158623 USPATFULL
TITLE: Diagnosis and treatment of human kidney diseases

INVENTOR(S): Shah, Sudhir V., Little Rock, AR, UNITED STATES
PATENT ASSIGNEE(S): Shiva Biomedical, LLC, Paramus, NJ (U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 2004121422	A1	20040624
APPLICATION INFO.:	US 2003-731522	A1	20031209 (10)

RELATED APPLN. INFO.: Division of Ser. No. US 2000-553496, filed on 20 Apr 2000, PENDING

	NUMBER	DATE
PRIORITY INFORMATION:	US 1999-130903P	19990423 (60)
	US 1999-130908P	19990423 (60)

DOCUMENT TYPE: Utility
FILE SEGMENT: APPLICATION
LEGAL REPRESENTATIVE: HAMILTON, BROOK, SMITH & REYNOLDS, P.C., 530 VIRGINIA ROAD, P.O. BOX 9133, CONCORD, MA, 01742-9133
NUMBER OF CLAIMS: 4
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 1 Drawing Page(s)
LINE COUNT: 1407
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Kidney disease is diagnosed by measuring urinary catalytic iron in humans. Progressive kidney disease is treated by administering an iron chelator to humans. In particular, the progression of kidney disease essentially can be halted and the severity of kidney disease can be reduced by the administration of iron chelators to humans afflicted with a progressive kidney disease. The methods include measuring catalytic iron content in urine in a human afflicted with a progressive kidney disease and administering an iron chelator to the human. The method can include measuring total urinary protein content, blood urea nitrogen or creatinine in a blood sample before, during or after the administration of an iron chelator.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L9 ANSWER 2 OF 33 USPATFULL on STN
ACCESSION NUMBER: 2004:152179 USPATFULL
TITLE: Diagnosis and treatment of human kidney diseases
INVENTOR(S): Shah, Sudhir V., Little Rock, AR, UNITED STATES
PATENT ASSIGNEE(S): Shiva Biomedical, LLC, Paramus, NJ, 07652 (U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 2004116401	A1	20040617
APPLICATION INFO.:	US 2003-731521	A1	20031209 (10)

RELATED APPLN. INFO.: Division of Ser. No. US 2000-553496, filed on 20 Apr 2000, PENDING

	NUMBER	DATE
PRIORITY INFORMATION:	US 1999-130903P	19990423 (60)
	US 1999-130908P	19990423 (60)

DOCUMENT TYPE: Utility
FILE SEGMENT: APPLICATION
LEGAL REPRESENTATIVE: HAMILTON, BROOK, SMITH & REYNOLDS, P.C., 530 VIRGINIA ROAD, P.O. BOX 9133, CONCORD, MA, 01742-9133
NUMBER OF CLAIMS: 14
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 1 Drawing Page(s)
LINE COUNT: 1437
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Kidney disease is diagnosed by measuring urinary catalytic iron in humans. Progressive kidney disease is treated by administering an iron chelator to humans. In particular, the progression of kidney disease essentially can be halted and the severity of kidney disease can be reduced by the administration of iron chelators to humans afflicted with a progressive kidney disease. The methods include measuring catalytic iron content in urine in a human afflicted with a progressive kidney disease and administering an iron chelator to the human. The method can include measuring total urinary protein content, blood urea nitrogen or creatinine in a blood sample before, during or after the administration of an iron chelator.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L9 ANSWER 3 OF 33 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN DUPLICATE 1

ACCESSION NUMBER: 2004:294887 BIOSIS
DOCUMENT NUMBER: PREV200400296155
TITLE: beta2-microglobulin and cystatin C in type 2 diabetes: Assessment of diabetic nephropathy.
AUTHOR(S): Aksun, S. Apakkan; Ozmen, D.; Ozmen, B.; Parildar, Z. [Reprint Author]; Mutaf, I.; Turgan, N.; Habif, S.; Kumanliogluc, K.; Bayindir, O.
CORPORATE SOURCE: Fac MedDept Clin Biochem, Ege Univ, TR-35100, Izmir, Turkey zuhalp@med.ege.edu.tr
SOURCE: Experimental and Clinical Endocrinology & Diabetes, (April 2004) Vol. 112, No. 4, pp. 195-200. print. ISSN: 0947-7349.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 23 Jun 2004
Last Updated on STN: 23 Jun 2004

AB Background: Changes in glomerular filtration rate (GFR) provide a valuable indicator of the progression of diabetic nephropathy (DN). This study was designed to demonstrate the clinical values of serum cystatin C (Cys C) and beta2-microglobulin in the assessment of renal function in type 2 diabetics by comparing them with the GFR, estimated from the uptake phase of 99 in technetium dimetiltriamino pentaacetic acid renogram (GFR-**DTPA**) and creatinine clearances. Materials and Methods: 68 type 2 diabetic patients with (urinary albumin excretions (UAE) 30-300 mg/24h) (n = 39) and without (UAE <30mg/24h) (n = 29) **microalbuminuria** and 32 controls were enrolled in the study. Serum Cys C, beta2-microglobulin, creatinine, urinary **microalbumin** levels, creatinine clearances and GFR-**DTPA** values were determined in all groups. Nonparametric ROC curves, using a cut-off GFR-**DTPA** of 60 mL/min/1.73 m2, were obtained for these markers. Results: Serum Cys C, beta2-microglobulin, glucose and HbA1c concentrations were significantly higher in the group with diabetes compared to controls. In the patients with **microalbuminuria**, serum Cys C and glucose concentrations increased significantly in comparison to patients with normoalbuminuria, while no differences were observed for beta2-microglobulin levels. Serum creatinine concentrations, GFR-**DTPA** values and creatinine clearances were not different between both diabetic groups and controls. Cys C was positively correlated with beta2-microglobulin and creatinine and negatively with GFR values; beta2-microglobulin was also positively correlated with serum creatinine in **microalbuminurics**. A significant inverse correlation was found between beta2-microglobulin and GFR values in both **microalbuminurics** and normoalbuminurics. Conclusions: Increased Cys C and beta2-microglobulin in diabetics may be early indicators of incipient DN. The diagnostic accuracies of Cys C and beta2-microglobulin are superior to that of serum creatinine in distinguishing between mild and moderately reduced GFR.

L9 ANSWER 4 OF 33 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on

STN
ACCESSION NUMBER: 2004:343316 BIOSIS
DOCUMENT NUMBER: PREV200400338695
TITLE: Significance of microalbuminuria, pulse pressure, and glomerular filtration rate in essential hypertensive subjects with early renal injury.
AUTHOR(S): Li Meng [Reprint Author]; Hu Jian; Fang Hui-juan; Fan Xin; Wu Xing
CORPORATE SOURCE: Affiliated Hosp 1Dept Cardiol, China Med Univ, Shenyang, 110001, China
SOURCE: Journal of China Medical University, (April 2004) Vol. 33, No. 2, pp. 167-169. print.
CODEN: ZYDXEN. ISSN: 0258-4646.
DOCUMENT TYPE: Article
LANGUAGE: Chinese
ENTRY DATE: Entered STN: 11 Aug 2004
Last Updated on STN: 11 Aug 2004

AB Objective: To examine the association between **microalbuminuria** (MA) and pulse pressure(PP), glomerular filtration rate(GFR) in essential hypertensive subjects. Methods: Seventy patients with hypertension were divided into 2 groups: normoalbuminuria and **microalbuminuria** group. Urinary albumin excretion rate (UAER) was detected by using radioimmunoassay and GFR was determined by using 99mTc-**DTPA**. Serum creatinine (SCr), blood pressure, and other factors were also measured. Results: Patients with **microalbuminuria** were significantly characterized by higher PP, systolic blood pressure (SBP), and lower GFR. Evaluation of bivariate correlation indicated that UAER was positively correlated with PP, SBP, SCr, BMI, and negatively correlated with GFR. Multiple backward regression analysis showed PP and GFR were significantly related to UAER. Conclusion: The significant correlation between PP, GFR, and MA is important factor in hypertensive patients with early renal injury. Preventive treatment should be beneficial for protecting renal function in hypertensive subjects with wide PP.

L9 ANSWER 5 OF 33 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN DUPLICATE 2
ACCESSION NUMBER: 2004:187835 BIOSIS
DOCUMENT NUMBER: PREV200400191077
TITLE: Relationship between urinary albumin and albumin/creatinine ratio during normal pregnancy and pre-eclampsia.
AUTHOR(S): Risberg, A. [Reprint Author]; Larsson, A.; Olsson, K.; Lyrenas, S.; Sjoquist, M.
CORPORATE SOURCE: Department of Nursing and Health Sciences, Mid Sweden University, Jarnvagsgatan 6, SE-89118, Ornskoldsvik, Sweden anitha.risberg@mh.se
SOURCE: Scandinavian Journal of Clinical and Laboratory Investigation, (2004) Vol. 64, No. 1, pp. 17-24. print.
CODEN: SJCLAY. ISSN: 0036-5513.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 7 Apr 2004
Last Updated on STN: 7 Apr 2004

AB Pre-eclampsia is a serious complication of pregnancy and it is important to detect the condition as early as possible. Albuminuria is an important symptom of pre-eclampsia and repeated urine analyses to screen for the condition are part of the standard antenatal care. The purpose of this study was to investigate whether measurement of the urine albumin/creatinine ratio in spot samples could be a complement to the dipstick method and could reduce the need for 24-h urine collections. Urine samples were collected for 24 h in weeks 12, 24 and 36 of pregnancy from both normotensive women and women who developed hypertension or who had pregnancy-induced hypertension (**PIH**) when they entered the study. The 24-h albumin excretion was significantly correlated to the

albumin/creatinine ratio in all measurements (Pearson correlation coefficient). In week 12, the values were: n=44, r=0.964, p<0.001 (normotensive group) and in the **PIH** group: n=8, r=0.789, p<0.05. In week 24, the correlation values were r=1.0 and p<0.001 in both the normotensive group (n=41) and in the **PIH** group (n=11). In week 36 the correlation values were r=0.791 and p<0.001 in the normotensive group (n=39) and r=1.0 and p<0.001 in the **PIH** group (n=16). **Microalbuminuria** was defined as urine albumin excretion higher than 30 mg/24 h and this corresponded to an albumin/creatinine ratio of 2.9. **Microalbuminuria** was found in three persons in the **PIH** group and in two persons in the normotensive group. Overt albuminuria (>300 mg/24 h) was found in one of the 46 normotensive women (2%) and in 3 of the 19 **PIH** women (16%). In all these women the high albumin values had been detected by using the albumin/creatinine ratio method. In conclusion, it has been found that the albumin excretion in urine correlates significantly to the albumin/creatinine ratio during pregnancy. The urinary albumin/creatinine ratio appears to be a good alternative to the dipstick method and to 24-h urine collections.

L9 ANSWER 6 OF 33 ADISCTI COPYRIGHT (C) 2004 Adis Data Information BV on STN DUPLICATE 3

ACCESSION NUMBER: 2004:73 ADISCTI
DOCUMENT NUMBER: 800922717
TITLE: Metal-protein attenuation with iodochlorhydroxyquin (clioquinol) targeting A- beta amyloid deposition and toxicity in Alzheimer disease: a pilot phase 2 clinical trial.
ADIS TITLE: Clioquinol: therapeutic use. Alzheimer's disease.
AUTHOR: Ritchie C W; Bush A I; Mackinnon A; Macfarlane S; Mastwyk M; et al.
CORPORATE SOURCE: The University of Melbourne, Parkville, Victoria, Australia.
SOURCE: Archives of Neurology (Dec 1, 2003), Vol. 60, No. 12, pp. 1685-1691
DOCUMENT TYPE: Study
REFERENCE: Alzheimer's Disease and Cognition Disorders| Neurological Disorders
FILE SEGMENT: Summary
LANGUAGE: English
WORD COUNT: 1277

L9 ANSWER 7 OF 33 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN DUPLICATE 4

ACCESSION NUMBER: 2003:279512 BIOSIS
DOCUMENT NUMBER: PREV200300279512
TITLE: Functional evaluation of the remaining kidney in patients after unilateral nephrectomy.
AUTHOR(S): Drozdzik, Marek [Reprint Author]; Domanski, Leszek; Rozanski, Jacek; Gorecka, Barbara
CORPORATE SOURCE: Department of Pharmacology, Pomeranian Academy of Medicine, Powstancow Wlkp 72, PL-70-111, Szczecin, Poland drozdzik@sci.pam.szczecin.pl
SOURCE: Scandinavian Journal of Urology and Nephrology, (2003) Vol. 37, No. 2, pp. 159-163. print.
ISSN: 0036-5599 (ISSN print).
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 11 Jun 2003
Last Updated on STN: 11 Jun 2003

AB Background: Unilateral nephrectomy is quite often surgical procedure. The remaining kidney undergoes a sequel of adaptational processes. The aim of the study was to evaluate kidney function in patients subjected to unilateral nephrectomy. Materials and Methods: The study was carried out

in 28 subjects allocated into three groups: healthy controls (n = 8) and patients subjected to unilateral nephrectomy evaluated I month (n = 10) and 1 year (n = 10) from the surgery. Biochemical as well ultrasonographic and scintigraphic data were recorded. Results: From all evaluated standard biochemical parameters (creatinine, creatinine clearance, urea, **microalbuminuria**) significant changes were observed in the case of creatinine and **microalbuminuria** levels at 1 month, which increased from 0.96 mg/ml to 1.05 mg/dl and from 5.14 mg/24 h to 20.0 mg/24 h, respectively. 99Tcm-**DTPA** plasma clearance was significantly elevated in patients 1 month after unilateral nephrectomy, by 7.5%, with a decrease by 17% in patients 1 year after surgical procedure, in reference to the control subjects. A significant increase in 99Tcm-EC plasma clearance of patients evaluated 1 year from the operation, by 13% ($p < 0.05$) in comparison to the control group was seen. RI index markedly increased in nephrectomised patients both after 1 month and 1 year from the operation as compared to the controls, from 0.59 to 0.64 ($p < 0.05$) and 0.63 ($p < 0.05$), respectively. Conclusion: Adaptational changes of the remaining kidney are observed in patients 1 month and 1 year after unilateral nephrectomy.

L9 ANSWER 8 OF 33 DRUGU COPYRIGHT 2004 THOMSON DERWENT on STN
ACCESSION NUMBER: 2003-36423 DRUGU T
TITLE: Safety and efficacy of ACE-I in congenital unilateral hypoplasia of the renal artery and respective kidney: description of a case.
AUTHOR: Vernaglione L; Pennacchiotti F; Cristofano C; Chimienti S
LOCATION: Manduria, It.
SOURCE: J.Hypertens. (21, Suppl. 4, S343, 2003)
CODEN: JOHYD3 ISSN: 0263-6352
AVAIL. OF DOC.: M. Giannuzzi Hospital, Manduria, Italy.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 2003-36423 DRUGU T
AB The safety and efficacy of the ACE-inhibitor, p.o. enalapril, in a hypertensive patient with congenital unilateral hypoplasia of the renal artery and respective kidney, are reported. (conference abstract: 13th European Meeting on Hypertension, Milan, Italy, June 13-17, 2003).
ABEX A 26-yr-old woman was admitted following recent episodes of hypertension (180/110 mmHg) and headache with evidence of hemorrhagic exudative retinopathy. Physical examination was unremarkable. Laboratory findings showed **microalbuminuria**. Renal and liver function tests were normal, as were thyroid and sex hormones, serum cortisone, serum CRP, serum autoantibody screening and urinary VMA. There was evidence of LV hypertrophy (by ECG and 2-D echocardiography), non-dipping 3rd stage arterial hypertension (by ABPM), volumetric reduction of the right kidney (by ultrasound). Doppler-sonography of renal arteries and aortic vessels and chest X-ray were normal. Clonidine was started (0.3 ug b.i.d., p.o.) with no response. A captopril test (50 mg p.o.) was positive 45 min after taking medication (120/80 mmHg). **DTPA** renal scintigraphy demonstrated low blood flow in the right renal artery with reduction of size of the right kidney and hypertrophy of the left kidney. CT-scan and angiography of the renal arteries showed hypoplasia of the right renal artery and the respective kidney. Clonidine was discontinued and enalapril (10 mg/day p.o.) and atenolol (50 mg/day p.o.) were started, with close monitoring the renal function. B.P., laboratory findings and retinal picture of patient were normal 1 yr later with the same drugs. (E54/RSV)

L9 ANSWER 9 OF 33 MEDLINE on STN
ACCESSION NUMBER: 2003119487 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12632919
TITLE: [Pregnancy induced arterial hypertension--an attempt to

evaluate hermetic aspects of the blood-brain barrier connected with skull computed tomography].
Stan przedrzucawkowy--proba oceny szczelnosci bariery krew-mozg w polaczeniu z badaniem tomografii komputerowej glowy.

AUTHOR: Michalska-Krzanowska Grazyna; Drobnik Leon; Stasiak-Pikula Elzbieta

CORPORATE SOURCE: Oddzial Anestezjologii, Reanimacji i Intensywnej Terapii z Pododdzialem Ostrych Zatruc Samodzielny Publiczny Szpital Kliniczny Nr 2 w Szczecinie.

SOURCE: Przeglad lekarski, (2002) 59 (10) 815-9.
Journal code: 19840720R. ISSN: 0033-2240.

PUB. COUNTRY: Poland

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: Polish

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200305

ENTRY DATE: Entered STN: 20030314
Last Updated on STN: 20030516
Entered Medline: 20030515

AB The aim of the work was to study the influence of pregnancy induced arterial hypertension (**PIH**) on hermetic aspects of the blood-brain barrier. Neurological consultation was followed by cranial computed tomography which revealed changes within structures of central nervous system. The observations were performed in 6 pregnant women, assigned to control group--C, and study group--G. All women had caesarean section performed in conductive anaesthesia. The method included collection of 15 ml venous blood and 4 ml cerebrospinal fluid (CSF). Albumin and immunoglobulin G (IgG) serum concentrations, **micro-albumin** and IgG CSF concentrations, and permeability indexes for albumin and IgG--Qalb and QIqG, were estimated. In contrast to group C, increased Qalb and QIgG indexes proved lack of integrity of blood-brain barrier in the group G. Control cranial CT scans revealed partial subsidence of changes after 3-5 days, and complete subsidence after 9-14 days.

L9 ANSWER 10 OF 33 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2002393667 EMBASE

TITLE: Clinical relevance of dynamic curves and (99m)Tc-DTPA clearance in evaluation of renal function in diabetics.

AUTHOR: Klisarova A.; Tranulov G.

CORPORATE SOURCE: Prof. A. Klisarova, Department of Nuclear Medicine, Medical University, 55, Marin Drinov str., 9000 Varna, Bulgaria. anik@mail.vega.bg

SOURCE: Rentgenologiya i Radiologiya, (2002) 41/4 (291-294).
Refs: 11
ISSN: 0486-400X CODEN: RENRAR

COUNTRY: Bulgaria

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 023 Nuclear Medicine
028 Urology and Nephrology
037 Drug Literature Index

LANGUAGE: Bulgarian

SUMMARY LANGUAGE: English; Bulgarian

AB Experience had with the application of dynamic renal scintigraphy (DRS) in renal function assessment among diabetics is shared. Thirty-seven patients with initial diabetic nephropathy (DNP) and markedly expressed **microalbuminuria** are studied using (99m)Tc-**DTPA**. The method affords the following information: scintigraphic renal images, nephrographic curves time/activity and glomerular-filtrational (99m)Tc-**DTPA** clearance. Renal hypertrophy and glomerular hyperfiltration are documented in 64.86 % and 89.19 %, respectively of the patients being examined. These are parameters rendering DRS a method of choice in early

diagnosing DNP.

L9 ANSWER 11 OF 33 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2003407610 EMBASE
TITLE: Kidney in hypertension.
AUTHOR: Singh N.P.; Parkash A.
CORPORATE SOURCE: Dr. N.P. Singh, Department of Medicine, Maulana Azad Medical College, LN Hospital, New Delhi, India. nanu_singh@yahoo.com
SOURCE: Journal International Medical Sciences Academy, (2002) 15/2 (106-111).
Refs: 20
ISSN: 0971-071X CODEN: JMSAE7
COUNTRY: India
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

AB Kidneys play a significant role in the genesis of hypertension and in turn suffer damage. Predominant factor in genesis of hypertension is secretion of renin and activation of renin-angiotensin-aldosterone system (RAAS). Nephron heterogeneity with unsuppressible renin secretion & impaired natriuresis is the architect of essential hypertension. Renal insufficiency resulting from systemic hypertension is either a consequence of direct transmission of elevated pressure to the glomeruli or due to glomerular ischemia induced by progressive luminal narrowing of pre-glomerular arteries & arterioles. It is important to detect renal disease early in the course of hypertension. Urine examination, serum creatinine & electrolytes are essential in all hypertensives. Early markers of renal damage include **microalbuminuria**, hyperuricemia, glomerular hyperfiltration and elevated urinary b2-**microalbumin** excretion. Determination of albuminuria & abdominal ultrasonography may further aid management. Renal doppler, pyelography, **DTPA**/DMSA scanning may be required in special settings. Management involves advisce for lifestyle modification including weight reduction, reduction of smoking, alcohol & salt intake, regular exercise, control of hyperlipidemia and avoidance of potassium-rich foods & nephrotoxic medications. Target blood pressure should be < 130/85 mm Hg and even lower if albuminuria > 1g/day. ACE inhibitors are the most suitable agents in preventing onset and in retarding nephropathy. Angiotensin II receptor antagonists are also effective. Calcium channel blockers have significant antiproteinuric & antihypertensive effect and can be used synergistically with ACE-inhibitors. Alpha-blockers, loop diuretics, beta-blockers and centrally acting agents can also be used in nephropathy for control of hypertension. Ultrafiltration & adequate haemodialysis to achieve dry-weight also aid in achieving control of hypertension and reduce requirement of anti-hypertensive medication.

L9 ANSWER 12 OF 33 CAPLUS COPYRIGHT 2004 ACS on STN DUPLICATE 5

ACCESSION NUMBER: 2000:772851 CAPLUS
DOCUMENT NUMBER: 133:307307
TITLE: Diagnosis of human kidney diseases by measuring catalytic iron in urine and disease treatment with iron chelator
INVENTOR(S): Shah, Sudhir V.
PATENT ASSIGNEE(S): Shiva Biomedical, LLC, USA
SOURCE: PCT Int. Appl., 52 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2000065346	A1	20001102	WO 2000-US10775	20000421
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
EP 1173757	A1	20020123	EP 2000-928274	20000421
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
JP 2002543386	T2	20021217	JP 2000-614035	20000421
US 2004116401	A1	20040617	US 2003-731521	20031209
US 2004121422	A1	20040624	US 2003-731522	20031209

PRIORITY APPLN. INFO.:	US 1999-130903P	P	19990423
	US 1999-130908P	P	19990423
	US 2000-553496	A3	20000420
	WO 2000-US10775	W	20000421

AB Kidney disease is diagnosed by measuring urinary catalytic iron in humans. Progressive kidney disease is treated by administering an iron chelator to humans. In particular, the progression of kidney disease essentially can be halted and the severity of kidney disease can be reduced by the administration of iron chelators to humans afflicted with a progressive kidney disease. The methods include measuring catalytic iron content in urine in a human afflicted with a progressive kidney disease and administering an iron chelator to the human. The method can include measuring total urinary protein content, blood urea nitrogen or creatinine in a blood sample before, during or after the administration of an iron chelator. Catalytic iron content was measured in urine using a bleomycin assay.

REFERENCE COUNT: 7 THERE ARE 7 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 13 OF 33 DRUGU COPYRIGHT 2004 THOMSON DERWENT on STN
ACCESSION NUMBER: 2000-41087 DRUGU T N
TITLE: Beneficial effects of soy protein on renal function in type 1 diabetic patients at risk for nephropathy.
AUTHOR: Hanna T J; Fanti P; Anderson J W
CORPORATE SOURCE: Univ.Kentucky
LOCATION: Lexington, Ky., USA
SOURCE: J.Nutr. (130, No. 3, 702S-703S, 2000)
CODEN: JONUAI ISSN: 0022-3166
AVAIL. OF DOC.: Department of Internal Medicine, University of Kentucky, Lexington, KY, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 2000-41087 DRUGU T N
AB The potential role of soy protein as a therapeutic agent in the prevention of renal disease was investigated in 7 young patients with type 1 diabetes, enroled in a 20-wk, crossover, dietary intervention pilot study. Soy protein was in the form of a soy patty, soy beverage and soy pasta. It appeared that patients with clinically relevant **microalbuminuria** (30-300 mg/day) may benefit the most from a soy-based diet and that soy protein exerts beneficial effects on lipid profiles in type 1 diabetes. Thus, incorporating soy protein into the

diet of individuals with type 1 diabetes may be of value in the prevention of nephropathy. (conference abstract: 3rd International Symposium on the Role of Soy in Preventing and Treating Chronic Disease, Washington, D.C., USA, 1999).

ABEX 7 Young (29.6 +/- 1.9 yr) volunteers with type 1 diabetes under good glycemic control (HbA1c 7.2 +/- 0.5%) participated. GFR was measured by using Tc99m-**DTPA** clearance and urinary albumin, and albumin-creatinine ratios were determined from 24-hr urine collections. After a 4-wk run-in baseline (BL) period, subjects consumed a diet containing 55 g/day of soy protein (SOY) for 8 wk, then resumed their normal diet based on animal protein (CONTR) for an additional 8 wk. Subjects were instructed to reduce animal protein intake during SOY; however, dietary recalls indicated that soy protein supplemented rather than substituted animal protein. Consequently, total protein intake was higher during SOY (1.4 g/kg) cf. BL (1.1 g/kg) and CONTR (1.0 g/kg). Despite higher total protein intake during SOY, the GFR was lower at the end of this period (147 ml/min/1.73 sq.m) cf. BL (154 ml/min/1.73 sq.m) and with the end of CONTR (162 ml/min/1.73 sq.m). When only the 5 subjects with GFR values consistent with hyperfiltration (GFR 120 ml/min.1.73 sq.m) were included, the decrease in GFR during SOY was more pronounced. Reductions of 6.3% and 8.6% in GFR in these hyperfiltering subjects were noted when SOY was compared with BL and soy-free CONTR, respectively. Only 2 subjects had abnormal urinary albumin excretion at BL, and these were the only individuals to experience a reduction in the albumin-creatinine ratio during SOY. After 8 wk of SOY, there was an average 7% reduction in total cholesterol and 13% reduction in LDL cholesterol. When subjects returned to CONTR, both total and LDL cholesterol returned to values above BL. (E54/RSV)

L9 ANSWER 14 OF 33 MEDLINE on STN

ACCESSION NUMBER: 2001432653 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11479954
TITLE: The clinical study on urinary albumin and calcium output in 24 hours to serve as early markers for pregnancy induced hypertension.
AUTHOR: Hu X; Ye R; Yang Z
CORPORATE SOURCE: The Third Hospital, Beijing Medical University, Beijing 100083.
SOURCE: Zhonghua fu chan ke za zhi, (1999 Dec) 34 (12) 709-11. Journal code: 16210370R. ISSN: 0529-567X.
PUB. COUNTRY: China
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Chinese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200109
ENTRY DATE: Entered STN: 20011001
Last Updated on STN: 20011001
Entered Medline: 20010927

AB OBJECTIVE: To assess the efficacy of urinary calcium and albumin output in 24 hours for prediction of the occurrence of pregnancy induced hypertension (**PIH**). METHODS: 24-hour urine samples were collected at 24-32 weeks' gestation in 98 health women for the measurement of calcium and albumin, at the same time plasma calcium and creatinine were also determined. All patients were followed up until delivery and were classified subsequently according to the occurrence of **PIH**. **Microalbumin** was measured by RIA and calcium by automatic biochemistry analysis. RESULTS: The patients in whom **PIH** developed later (n = 14) had significant lower urinary calcium excretion [(1.43 +/- 0.37) mmol/24 h VS (3.26 +/- 0.75) mmol/24 h] and higher **microalbuminuria** [(12.68 +/- 6.81) micrograms/24 h VS (6.08 +/- 3.48) micrograms/24 h] as compared with the group which remained normal (n = 84). CONCLUSIONS: The decrease of calcium and increase of albumin per 24 hours of urine were observed 4-8 weeks before the onset of **PIH** . The above observation may serve as early markers for **PIH**.

L9 ANSWER 15 OF 33 SCISEARCH COPYRIGHT (c) 2004 The Thomson Corporation. on STN
ACCESSION NUMBER: 1999:887828 SCISEARCH
THE GENUINE ARTICLE: 255DU
TITLE: A comparison of the plasma disappearance of iohexol and Tc-99m-DTPA for the measurement of glomerular filtration rate (GFR) in diabetes
AUTHOR: Houlihan C (Reprint); Scott A; Jenkins M; Parkin D; Osicka T; Jerums G
CORPORATE SOURCE: UNIV MELBOURNE, ENDOCRINE UNIT, AUSTIN & REPATRIAT MED CTR, STUDLEY RD, HEIDELBERG, VIC 3084, AUSTRALIA (Reprint); UNIV MELBOURNE, DIV LAB MED, AUSTIN & REPATRIAT MED CTR, HEIDELBERG, VIC 3084, AUSTRALIA; UNIV MELBOURNE, DEPT NUCL MED, AUSTIN & REPATRIAT MED CTR, HEIDELBERG, VIC 3084, AUSTRALIA; UNIV MELBOURNE, CTR PET, AUSTIN & REPATRIAT MED CTR, HEIDELBERG, VIC 3084, AUSTRALIA; UNIV MELBOURNE, LUDWIG CTR CANC RES, AUSTIN & REPATRIAT MED CTR, HEIDELBERG, VIC 3084, AUSTRALIA
COUNTRY OF AUTHOR: AUSTRALIA
SOURCE: AUSTRALIAN AND NEW ZEALAND JOURNAL OF MEDICINE, (OCT 1999) Vol. 29, No. 5, pp. 693-700.
Publisher: ADIS PRESS AUSTRALASIA P/L, P.O. BOX 132, BALGOWLAH NSW 2093, AUSTRALIA.
ISSN: 0004-8291.
DOCUMENT TYPE: Article; Journal
FILE SEGMENT: LIFE; CLIN
LANGUAGE: English
REFERENCE COUNT: 30

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

AB Background: Changes in glomerular filtration rate (GFR) provide a valuable indicator of the progression of diabetic nephropathy. GFR is most commonly measured by the plasma clearance of radioisotopes, however, use of iohexol, a non-ionic radiocontrast medium, is a recently described alternative and has shown good agreement with inulin clearance. A one-compartment model is used for calculating GFR in most Australian centres but a two-compartment model is more accurate.

Aims: To set up a non-radioisotopic method for assessment of GFR using iohexol, and to compare this with the currently used Tc-99m-diethylene-triamine-penta-acetic acid (DTPA) method. Secondly, to compare GFR results using an unmodified one-compartment model with a one-compartment model subjected to the Brochner-Mortensen modification.

Methods: Twenty-one patients with diabetes had assessment of GFR with simultaneous measurements of Tc-99m-DTPA and iohexol plasma clearance. Plasma clearance was determined by the slope intercept method and then modified according to the Brochner-Mortensen equation. Plasma iohexol concentrations were determined by capillary electrophoresis.

Results: There was no significant difference between iohexol and Tc-99m-DTPA derived GFR values, difference 4.3+/-7.7 mL/minute (mean +/- SD). This was despite Tc-99m-DTPA protein binding demonstrated in the range of 5-10%. Comparison of GFR;results using an unmodified one-compartment model with a Brochner-Mortensen corrected one-compartment model showed higher GFR values with the former, in the range of 20-30% for GFR values >100 mL/minute.

Conclusion: Iohexol provides an efficient alternative to radioisotopic methods for serial measurement of GFR in diabetic patients with hyperfiltration, incipient and overt nephropathy. A one-compartment model with its inherent overestimation of GFR should be replaced by the Brochner-Mortensen modified one-compartment model.

L9 ANSWER 16 OF 33 MEDLINE on STN
ACCESSION NUMBER: 2000103517 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10638162
TITLE: Markers of tubular damage in pre-eclampsia.

AUTHOR: Paternoster D M; Stella A; Babbo G L; Pignataro R; Mussap M; Plebani M
CORPORATE SOURCE: Department of Obstetrics and Gynecology, University of Padova.
SOURCE: Minerva ginecologica, (1999 Oct) 51 (10) 373-7.
Journal code: 0400731. ISSN: 0026-4784.
PUB. COUNTRY: Italy
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200002
ENTRY DATE: Entered STN: 20000218
Last Updated on STN: 20000218
Entered Medline: 20000204

AB BACKGROUND: The aaim of this study is to investigate the tubular damage markers in pre-eclampsia and in pregnancy induced hypertension (**PIH**). METHODS: This transversal study involved 111 women admitted to the Department of Obstetric and Gynaecology, University Hospital, Padua (Italy) and was conducted from the 24th week until delivery: 23 had normal pregnancies, 54 manifest pre-eclampsia, and 34 manifested pregnancy-induced hypertension (**PIH**) without superimposed pre-eclampsia. The following laboratory tests were performed: U-alpha 1 microglobulin, U-NAG, uric acid and **microalbuminuria**. The four groups were compared using the Mann-Whitney test and the Kruskall-Wallis test for multiple comparisons. A value of $p < 0.05$ was considered as statistically significant. RESULTS: As for the markers of tubular damage, the values for urinary NAG were significantly lower in the control group (0.97 U/mmol Creat) than in the pre-eclampsia group (2.89 U/mmol Creat), and the **PIH** group (2.12 U/mmol Creat) ($p < 0.01$). Values for urinary alpha 1-microglobulin were higher in the pre-eclampsia group (4.03 U/mmol Creat) than in the control (0.74 U/mmol Creat), and **PIH** groups (1.88 U/mmol Creat) ($p < 0.01$). As for the markers of glomerular damage, the values of **microalbuminuria** were higher in the pre-eclampsia group (134 micrograms/min) than in the control (9.4 micrograms/min), and **PIH** groups (10 micrograms/min), ($p < 0.05$). Uric acid, the marker of glomerular and tubular damage, was higher in the pre-eclampsia group (0.27 mmol/L) than in the control (0.20 mmol/L), and **PIH** groups (0.24 mmol/L), ($p < 0.05$). CONCLUSIONS: In pre-eclampsia there is a tubular and glomerular damage to point out by an increased urinary excretion of NAG. In pre-eclampsia, an increase of urinary alpha 1-microglobulin excretion may be considered to be partly due to the overloading of the tubule and partly due to a mixed glomerular and tubular lesion.

L9 ANSWER 17 OF 33 CANCERLIT on STN DUPLICATE 6
ACCESSION NUMBER: 1999099195 CANCERLIT
DOCUMENT NUMBER: 99099195 PubMed ID: 9880744
TITLE: Somatic growth and renal function after unilateral nephrectomy for Wilms' tumor.
AUTHOR: Srinivas M; Agarwala S; Padhy A K; Gupta A K; Bajpai M; Bhatnagar V; Gupta D K; Mitra D K
CORPORATE SOURCE: Department of Pediatric Surgery, All India Institute of Medical Sciences, New Delhi, India.
SOURCE: PEDIATRIC SURGERY INTERNATIONAL, (1998 Dec) 14 (3) 185-8.
Journal code: 8609169. ISSN: 0179-0358.
PUB. COUNTRY: GERMANY: Germany, Federal Republic of
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 1999099195
ENTRY MONTH: 199901
ENTRY DATE: Entered STN: 19990216
Last Updated on STN: 19990216

AB Solitary kidneys in renal donors and patients who have undergone

unilateral nephrectomy for malignant disease have been reported to undergo hyperfiltration injury. This study was undertaken to evaluate the somatic growth and development of followed-up patient after Wilms' tumor to evaluate their renal function and identify any evidence of injury in the remaining kidney. The growth and development of all the children was found to be normal, as was **DTPA** clearance. **Microalbuminuria** in 24-h urinary collections was detected in 84% of the patients, indicating evidence of hyperfiltration injury. This study highlights the need for close monitoring of the renal function of long-term follow-up patients after Wilms' tumor in addition to the routine monitoring for tumor recurrence.

L9 ANSWER 18 OF 33 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN

ACCESSION NUMBER: 1998:329171 BIOSIS
DOCUMENT NUMBER: PREV199800329171
TITLE: Urinary **microalbumin** and alpha1-microglobulin. Concentrations in pregnant women with insulin-dependent diabetes mellitus (IDDM), gestational diabetes (GD), and pregnancy induced hypertension (**PIH**).
AUTHOR(S): Stein, G. [Reprint author]; Seewald, J.; Peiker, G.; Moeller, U.; Seewald, H.-J.
CORPORATE SOURCE: Dep. Intern. Med., Univ. Jena, Jena, Germany
SOURCE: Nephrology Dialysis Transplantation, (June, 1998) Vol. 13, No. 6, pp. A76. print.
Meeting Info.: Annual Congress of the European Renal Association, European Dialysis and Transplant Association. Rimini, Italy. June 6-9, 1998. European Dialysis and Transplant Association; European Renal Association.
ISSN: 0931-0509.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 12 Aug 1998
Last Updated on STN: 12 Aug 1998

L9 ANSWER 19 OF 33 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 1999013873 EMBASE
TITLE: Early nephropathic changes in newly diagnosed diabetic subjects of under 30 years age.
AUTHOR: Alam M.R.; Rashid H.U.; Rahman M.; Rahman H.; Azad Khan A.K.; Ali L.; Hasan Z.
CORPORATE SOURCE: M.R. Alam, Department of Nephrology, BSMMU, Dhaka, Bangladesh
SOURCE: Bangladesh Renal Journal, (1998) 17/1 (18-23).
Refs: 16
ISSN: 1015-0889 CODEN: BRJOEJ
COUNTRY: Bangladesh
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 006 Internal Medicine
028 Urology and Nephrology
LANGUAGE: English
SUMMARY LANGUAGE: English

AB To understand the early Nephropathic changes; GFR, Kidney size, Urinary albumin (UAE) and transferrin excretion (UTRF) were determined in 68 newly diagnosed albustix negative diabetic subjects of under 30 years age. As per WHO criteria, 40 patients belonged to NIDDY and 28 belonged to MRDM; of which 19 were PDDM (protein deficient pancreatic diabetes mellitus) and 9 was FCPD (Fibro calculus pancreatic diabetes). Eighteen age matched healthy subjects with no family history of diabetes mellitus were taken as controls. GFR was measured by 99mTc **DTPA**. Urinary albumin and transferrin were measured by immunoturbidimetric method. Albumin Creatinine ratio (ACR) and transferrin creatinine ratio (TCR) from

ambulatory samples were taken as substitutes for UAE and UTRF in overnight samples. GFR in 3 diabetic groups were higher compared to control ($P<0.05$). The rise in median ACR values were 1.4, 1.6 and 1.9 times in NIDDY, FCPD and PDDM respectively compared to control. The corresponding rise in median TCR values were 2.16, 3.24 and 5.8 times. We conclude that early renal haemodynamic changes are similar in all diabetic groups but early microvascular changes seems to be pronounced in MRDM and microtransferrinuria may be an earlier and more sensitive marker of incipient nephropathy than **microalbuminuria**.

L9 ANSWER 20 OF 33 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN DUPLICATE 7

ACCESSION NUMBER: 1998:39908 BIOSIS
DOCUMENT NUMBER: PREV199800039908
TITLE: Blood pressure peaks correlated with plasma fibronectin levels and microalbuminuria in hypertensive pregnancies.
AUTHOR(S): Panella, M. [Reprint author]; Rocchi, M. C.; Landolina, C.; Rizzo, S.; Viglianisi, G.; Noto, R.; Longhitano, A.; Garozzo, G.
CORPORATE SOURCE: I Clinica Ostetrica Ginecologica, Ospedale Vittorio Emanuele II, Via Plebiscito 632, 9512A Catania, Italy
SOURCE: Clinical and Experimental Obstetrics and Gynecology, (1997) Vol. 24, No. 2, pp. 82-85. print.
ISSN: 0390-6663.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 14 Jan 1998
Last Updated on STN: 14 Jan 1998

AB A group of 32 selected hypertensive pregnant women under antihypertensive therapy, with biochemical parameters, functional parameters, plasma fibronectin levels (PLF), **microalbuminuria** (MA) levels and continuous 24 h blood pressure monitoring, were followed monthly until delivery and during puerperium. Also possible biochemical and clinical markers and the predictive value in the complications during **PIH** were attempted to be identified. There was a statistical correlation between systolic pressure peaks associated with high levels of PLF and MA in hypertensive pregnant women who may have a higher risk of pregnancy or cardiovascular complications. Continuous 24 h blood pressure monitoring in hypertensive pregnancies was found to be helpful in identifying the highest risk patients especially by reading the night peak percentages.

L9 ANSWER 21 OF 33 ADISCTI COPYRIGHT (C) 2004 Adis Data Information BV on STN

ACCESSION NUMBER: 1996:47405 ADISCTI
DOCUMENT NUMBER: 800472344
TITLE: Microalbuminuria: a predictor of pregnancy-induced hypertension.
ADIS TITLE: Hypertension in pregnancy: pathogenesis. Microalbuminuria as a predictor of preeclampsia.
AUTHOR: Das V; Bhargava T; Das S K; Pandey S.
CORPORATE SOURCE: King George's Medical College, Lucknow, India.
SOURCE: British Journal of Obstetrics and Gynaecology (Sep 1, 1996) , Vol. 103, pp. 928-930
DOCUMENT TYPE: Study
REFERENCE: Hypertension
FILE SEGMENT: Summary
LANGUAGE: English
WORD COUNT: 169

L9 ANSWER 22 OF 33 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN DUPLICATE 8

ACCESSION NUMBER: 1995:556268 BIOSIS
DOCUMENT NUMBER: PREV199698570568
TITLE: Blood pressure and renal function seven years after

pregnancy complicated by hypertension.
AUTHOR(S): Nisell, H. [Reprint author]; Lintu, H.; Lunell, N. O.; Mollerstrom, G.; Pettersson, E.
CORPORATE SOURCE: Dep. Obstetrics and Gynaecol., Huddinge Univ. Hosp., S-141 86 Huddinge, Sweden
SOURCE: British Journal of Obstetrics and Gynaecology, (1995) Vol. 102, No. 11, pp. 876-881.
CODEN: BJOGAS. ISSN: 0306-5456.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 31 Dec 1995
Last Updated on STN: 31 Dec 1995

AB Objective: To assess the occurrence of chronic hypertension and renal disorder after gestations complicated by pregnancy induced hypertension or pre-eclampsia and to define background factors and laboratory analyses at follow up examination which discriminate between women who remain normotensive and those who develop hypertension. Setting: Swedish university hospital. Subjects: Women with pregnancy induced hypertension (**PIH**) (n = 49), pre-eclampsia (n = 45) or a normotensive pregnancy (n = 44) during 1986. Design: Subjects were reviewed in 1993 with regard to chronic hypertension and renal disorder. Plasma concentrations of creatinine, urea, uric acid, calcium and albumin were measured, and urine was examined for the presence of **microalbuminuria** and erythrocyte excretion rate. Those with and without hypertension at follow up were compared with regard to the renal function tests and possible features in the history which might predict chronic hypertension. Results: Women with a history of pregnancy induced hypertension or pre-eclampsia had an increased risk, relative to controls, for hypertension at follow up (37% and 20% vs 2%; P lt 0-001), **microalbuminuria** (14% and 20% vs 2%; P lt 0.05) and demonstrated increased plasma levels of albumin corrected calcium (2.41 (SE 0.02) and 2.40 (0.01) vs 2.32 (0.01) mmol/l; P lt 0-001). The only factors significantly associated with hypertension at follow up were the presence of **microalbuminuria** (P = 0.0008) and having had a delivery prior to the index pregnancy (P = 0.0017). Conclusions: The risk for chronic hypertension seven years after a pregnancy complicated with pregnancy induced hypertension or pre-eclampsia is considerably increased. The presence of hypertension at follow up is closely related to residual renal disorder.

L9 ANSWER 23 OF 33 USPATFULL on STN
ACCESSION NUMBER: 94:57596 USPATFULL
TITLE: Nuclear imaging uses of radio-labelled atrial natriuretic factor
INVENTOR(S): Hamet, Pavel, Montreal, Canada
Tremblay, Johanne, Montreal, Canada
Lamberet, Raymond, Laval, Canada
Leveille, Jean, Outremont, Canada
PATENT ASSIGNEE(S): L'Istitut de Recherches Cliniques de Montreal, Montreal, Canada (non-U.S. corporation)
L'Hotel-Dieu de Montreal, Montreal, Canada (non-U.S. corporation)

	NUMBER	KIND	DATE	
PATENT INFORMATION:	US 5326551		19940705	
	WO 9014845		19901213	
APPLICATION INFO.:	US 1991-634220		19910205	(7)
	WO 1990-CA192		19900608	
			19910205	PCT 371 date
			19910205	PCT 102(e) date

RELATED APPLN. INFO.: Continuation-in-part of Ser. No. US 1989-363709, filed on 9 Jun 1989, now abandoned
DOCUMENT TYPE: Utility

FILE SEGMENT: Granted
PRIMARY EXAMINER: Stoll, Robert L.
ASSISTANT EXAMINER: Covert, John M.
LEGAL REPRESENTATIVE: Cooper, Iver P.
NUMBER OF CLAIMS: 41
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 15 Drawing Figure(s); 5 Drawing Page(s)
LINE COUNT: 942
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Uptake, binding, and/or displacement of atrial natriuretic factor in a target organ of a mammal can be quantified by nuclear imaging. A diagnostically effective amount of a radio-labelled mammalian atrial natriuretic factor, active fragment or analog thereof is administered to a live mammal, and the live mammal or a portion thereof is subsequently imaged at one or more time intervals using a suitable radio-detecting device to quantify the uptake, binding and/or displacement of the radio-labelled atrial natriuretic factor, fragment or analog in one or more target organs.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L9 ANSWER 24 OF 33 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN DUPLICATE 9
ACCESSION NUMBER: 1994:313640 BIOSIS
DOCUMENT NUMBER: PREV199497326640
TITLE: Glomerular filtration rate in Indian non-insulin-dependent diabetics at various stages of albuminuria.
AUTHOR(S): John, Lilly [Reprint author]; Mathews, Prasad; Oommnen, Regi
CORPORATE SOURCE: Manipal Hosp., Rustom Bagh, Airport Road, Bangalore 560 017, India
SOURCE: Diabetes Research and Clinical Practice, (1994) Vol. 23, No. 2, pp. 121-125.
CODEN: DRCPE9. ISSN: 0168-8227.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 26 Jul 1994
Last Updated on STN: 26 Jul 1994

AB Sixty-seven non-insulin-dependent diabetic subjects were selected to estimate the glomerular filtration rate (GFR). All patients had satisfactory glycaemic control (HbA-1 lt 9.5%). GFR was determined using Technetium 99m **DTPA** by the method devised by Gates. Thirty-eight subjects had normal albumin excretion (UAE lt 20 mu-g/min), 15 had UAE in the **microalbuminuric** range (20-100 mu-g/min), and the rest were macroalbuminuric (gt 200 mu-g/min). GFR was lower in the normoalbuminuric patients as compared to the controls, but the decrease was not significant (71.5 (21.4) vs. 98.3 (16.1) ml/min per 1.73 m-2. GFR was significantly decreased in both micro- and macroalbuminuric groups (64.0 (24.5) and 53.8 (27.3) ml/min per 1.73 m-2, respectively) (P lt 0.05). No appreciable change in GFR was observed in normoalbuminuric patients with increasing duration of diabetes, however, there was a steady decline in GFR with time in both micro- and macroalbuminuric patients. Hypertension was present in 79%, 47%, and 16% of macro-, micro- and normoalbuminuric patients, respectively. GFR was significantly lower in hypertensive diabetic patients compared to normotensives (52.3 vs. 76.1 ml/min per 1.73 m-2) (P lt 0.01), while this difference was not significant in the micro- and macroalbuminuric groups. We conclude from our study that the stage of hyperfiltration could not be detected in non-insulin-dependent diabetes and that hypertension has a significant influence on the rate of decline of GFR.

L9 ANSWER 25 OF 33 DRUGU COPYRIGHT 2004 THOMSON DERWENT on STN
ACCESSION NUMBER: 1995-25551 DRUGU T B E
TITLE: Contrasting renal response to captopril (C) and nifedipine

(N) in microalbuminuric (MA) essential hypertensives (EH): is it a marker of endothelial dysfunction.
AUTHOR: Mimran A; Ribstein J; Du Cailar G
LOCATION: Montpellier, Fr.
SOURCE: J.Hypertens. (12, Suppl. 3, S110, 1994) 1 Tab.
CODEN: JOHYD3 ISSN: 0263-6352
AVAIL. OF DOC.: Dept of Medicine, Montpellier, France.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1995-25551 DRUGU T B E
AB In 163 lean patients with untreated essential hypertensives (EH), the renal response (urinary clearances of Tc-**DTPA** (pentetate) and I-Hippuran (iodohippurate) for GFR and renal plasma flow (RPF), respectively) to acute administration of captopril (C), but not nifedipine (N) was decreased in **microalbuminuric** (MA+) patients. MA- pts exhibited a greater vasodilatory response to C than MA+, despite a similar degree of basal activation of the renin-angiotensin system (similar basal PRA and response of MAP and plasma aldosterone (PA) to C), whereas the effect of N was similar in both groups. The results indicate that the renal vascular response to C is blunted whereas that to N is maintained in MA+ patients. MA may be a marker of early renal endothelial dysfunction in subjects with EH. (conference abstract).
ABEX Methods In 163 lean patients with untreated EH, the renal response (urinary clearances of Tc-**DTPA** and I-Hippuran for GFR and RPF, respectively) to acute administration of 50 mg C (n = 106) or 20 mg N (n = 57) was assessed. MA (urinary albumin excretion over 14 ug/min in 24 hr urine) was present in 26 and 18 patients in the C and N groups, respectively (overall incidence of 28%). Results MA- patients exhibited a greater vasodilatory response to C than MA+ (GFR 5% vs. 1%, RPF 11% vs. 3%, renal vascular resistance -14% vs. -8%, filtration fraction -5% vs. -2%), despite a similar degree of basal activation of the renin-angiotensin system (similar basal PRA and response of MAP (-6% vs. -6%) and PA (-25% vs. -23%) to C), whereas the effect of N was similar in both groups. (SLB)

L9 ANSWER 26 OF 33 DRUGU COPYRIGHT 2004 THOMSON DERWENT on STN
ACCESSION NUMBER: 1995-26634 DRUGU P
TITLE: Acute effects of ACE inhibition on glomerular filtration and urinary sodium and albumin excretion rate in diabetic type 1 patients.
AUTHOR: Fommei E; Penno G; Volterrani D; Mezzasalma L; Rizzo L; Nannipieri M; Gazzetti P
CORPORATE SOURCE: Inst.Clin.Physiol.Pisa; Univ.Pisa
LOCATION: Pisa, It.
SOURCE: J.Hypertens. (12, Suppl. 3, ABS117, 1994)
CODEN: JOHYD3 ISSN: 0263-6352
AVAIL. OF DOC.: CNR Institute of Clinical Physiology, University of Pisa, Italy.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1995-26634 DRUGU P
AB Acute effects of p.o. captopril (C) on proteinuria and natriuresis were investigated in relation to GFR and B.P. in 33 type I diabetic patients. The data did not confirm, in acute conditions, a crucial role of angiotensin II (AII)-mediated efferent vasoconstriction in the microproteinuria of type I diabetic patients. In these patients, AII might also play a role in pre-glomerular/capillary vasoconstriction and tubular sodium re-absorption, as suggested by the tendency towards an increase in GFR and natriuresis after C. (conference abstract).

ABEX After p.o. hydration, renal scintigraphy with 99mTc-**DTPA** and C test was made in 22 normo- (NAb) and 11 **micro**- (MiAb) **albuminuric** patients as classified by their overnight excretion rate; concomitantly B.P. was automatically measured and urine collected for the determination of sodium and albumin (RIA) excretion rate (NaER, AER) both before and 1.5-2.0 hr after C (25 mg). The Gates method was used to calculate GFR by the cumulative 2-3 min renal uptake of the tracer. Mean B.P. was higher in MiAb patients (100 +/- 14 vs. 91 +/- 11 mmHg); after C it decreased in both groups (91 +/- 11 mmHg for MiAb; 84 +/- 7 for NAb). GFR was not significantly different in the 2 groups (NAb 100 +/- 24 ml/min, MiAb 87 +/-27 ml/min); after C it slightly increased in MiAb patients (98 +/- 30 ml/min). NaER significantly increased after C only in MiAb patients (from 99 +/- 59 to 156 +/- 80 mEq/min 10 power -3) whereas no significant changes in AER were observed in the 2 groups (from 15 +/- 17 to 20 +/-37 and from 108 +/- 134 to 106 +/- 137 ug/min). AER significantly correlated with mean B.P. (positively) and GFR (negatively) in all patients both before and after C. (E54/RSV)

L9 ANSWER 27 OF 33 DRUGU COPYRIGHT 2004 THOMSON DERWENT on STN
ACCESSION NUMBER: 1995-25642 DRUGU T
TITLE: Racial differences in renal protection with enalapril (E) vs HCTZ (H) in hypertensive NIDDM clinical trial.
AUTHOR: Walker W G; Hermann J; Anderson J; Russell R P
LOCATION: Baltimore, Md., USA
SOURCE: J.Hypertens. (12, Suppl. 3, S192, 1994) 1 Tab.
CODEN: JOHYD3 ISSN: 0263-6352
AVAIL. OF DOC.: Johns Hopkins Hospital, Baltimore, Maryland, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1995-25642 DRUGU T
AB A randomized, masked trial of enalapril (E) vs. hydrochlorothiazide (H) was carried out in 53 blacks (BL) and 57 whites (WH). Te99M **DTPA** (pentetate) clearance was used to determine GFR every 6 mth for 4 yr. GFR declined during the 1st 24 mth in both WH and BL with NIDDM; thereafter, only E afforded renal protection in WH and H only for BL.Reversal of declining GFR was seen only after 24 mth in both BL H patients and WH E patients. The reversal of declining GFR in WH occurred after 24 mth only with E even though B.P. in WH decreased more with H patients. E protects the kidney in hypertensive NIDDM in WH but for BL, H based antihypertensive therapy affords better renal protection in NIDDM. (conference abstract).
ABEX Methods A randomized, masked trial of E (40 mg/day) vs. H (100 mg/day) was carried out in 53 BL and 57 WH patients. Te99M **DTPA** clearance (3 pds q 6 mth) measured GFR q 6 mth for 4 yr of B.P. Rx, E vs. H. Results GFR declined during 1st 24 mth in both WH and BL with NIDDM; thereafter, only E afforded renal protection in WH and H only for BL. Reversal of declining GFR was seen only after 24 mth in both BL H and WH E patients. The reversal of declining GFR in WH occurred after 24 mth only with E even though B.P. in WH decreased more with H patients. For BL, protection only with H may have been due in part to better B.P. control with H. **Microalbuminuria** decreased with both H and E during 1st 24 mth and increased only with H thereafter. (LJF/LF)

L9 ANSWER 28 OF 33 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN DUPLICATE 10
ACCESSION NUMBER: 1993:507381 BIOSIS
DOCUMENT NUMBER: PREV199396131388
TITLE: Prevalence of glomerular hyperfiltration and nephromegaly in normo- and microalbuminuric type 2 diabetic patients.
AUTHOR(S): Gragnoli, G. [Reprint author]; Signorini, A. M.; Tanganelli, I.; Fondelli, C.; Borgogni, P.; Borgogni, L.; Vattimo, A.; Ferrari, F.; Guercia, M.

CORPORATE SOURCE: U.O. Diabetol., Piazza Duomo 2, I-53100 Siena, Italy
SOURCE: Nephron, (1993) Vol. 65, No. 2, pp. 206-211.
CODEN: NPRNAY. ISSN: 0028-2766.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 5 Nov 1993
Last Updated on STN: 5 Nov 1993

AB Glomerular hyperfiltration, correlated with nephromegaly, is a frequent finding in type 1 (insulin-dependent) diabetes. In type 2 (non-insulin-dependent) diabetes, very few studies have been performed, and the results have been inconclusive. Glomerular filtration rate (GFR) and kidney volume, using 99mTc-**DTPA** scintigraphy and ultrasonography, respectively, were evaluated in 58 control subjects and 163 type 2 diabetic patients; 79 of whom were normoalbuminuric and 84 **microalbuminuric**. In the two groups of patients, these parameters did not differ significantly from those of controls, even when hypertensive subjects were excluded. Glomerular hyperfiltration was observed in 10 cases; all were normotensive (9.8%), of whom 7 were normoalbuminuric and 3 **microalbuminuric**. Nephromegaly was observed in 3 other normotensive **microalbuminuric** diabetic patients. Hypertensive subjects showed a lower GFR than normotensive patients and control subjects. Multivariate analysis showed a negative correlation between glomerular filtrate and systolic blood pressure (BP) in the overall population of patients and in normo- and **microalbuminuric** patients taken separately. It is concluded that the relationship between these variables forms a continuum in our type 2 diabetic patients; it may also be important in determining the low prevalence of hyperfiltration and nephromegaly found in our patients, who had BP levels higher than those of controls.

L9 ANSWER 29 OF 33 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
DUPLICATE
ACCESSION NUMBER: 1992:22271494 BIOTECHNO
TITLE: Platelet sodium-proton exchanger activity, **microalbuminuria** and insulin-dependent diabetes mellitus
ACTIVITE DE L'ECHANGEUR SODIUM-PROTON PLAQUETTAIRE, **MICROALBUMINURIE** ET DIABETE INSULINO-DEPENDANT
AUTHOR: Barbe P.; Salles J.P.; Valat-Coustols M.; Louvet J.P.; Chap H.
CORPORATE SOURCE: Serv. d'Endocrinologie-Diabetologie, CHU Purpan,31059 Toulouse Cedex, France.
SOURCE: Archives des Maladies du Coeur et des Vaisseaux, (1992), 85/8 (1177-1180)
CODEN: AMCVAN ISSN: 0003-9683
DOCUMENT TYPE: Journal; Article
COUNTRY: France
LANGUAGE: French
SUMMARY LANGUAGE: English; French
AN 1992:22271494 BIOTECHNO
AB The plasma membrane Na.sup.+/H.sup.+ exchanger is a ubiquitous system which plays a role in the regulation of intracellular pH and the control of cell growth. In order to assess the potential role of this system in the pathogenesis of diabetic nephropathy, we investigate 42 normotensive insulin-dependent diabetic patients with or without **microalbuminuria**. We tested the platelet Na.sup.+/H.sup.+ exchange as the rate of amiloride sensitive and sodium dependent volume gain of cells suspended in sodium propionate. Urinary albumin excretion (UAE) was assayed by radioimmunoassay on a 24 h sample; the glomerular filtration rate (GFR) and the renal plasma flow were determined by 99 m Tc-**DTPA** and 1231 l-hippuran respectively. Thirty patients (group 1) had UAE > 30 mg/24 h (m ± sd: 11 ± 7 mg/24 h), 12 patients (group 2) had **microalbuminuria** (62 ± 30 Mg/24 h, range from 35 to 136 mg/24 h). The platelet Na.sup.+/H.sup.+ exchange

rate was significantly increased in patients of group 2: 0.34 ± 0.01 versus 0.26 ± 0.06 s.sup.-.sup.1 x 10.sup.-.sup.2 ($p < 0.005$). There was no significant difference between these two groups regarding blood pressure (116 ± 14/71 ± 7 versus 119 ± 12/73 ± 5 mmHg), age, diabetes duration, glycated hemoglobin or fructosamin levels. On the whole population, we found a significant positive correlation between the platelet Na.sup.+/H.sup.+ exchange rate and the UAE ($r = 0.57$, $p < 0.001$) and with the glomerular filtration fraction ($r = 0.43$, $p < 0.01$). These data show an increased platelet Na.sup.+/H.sup.+ exchange rate at the early stage of diabetic nephropathy and suggest that such excessive activity may play an important role in the pathogenesis of this complication.

L9 ANSWER 30 OF 33 MEDLINE on STN
ACCESSION NUMBER: 94084173 MEDLINE
DOCUMENT NUMBER: PubMed ID: 1341608
TITLE: Low-dose angiotensin converting enzyme inhibitors: effect on renal function in normo- and hypertensive type 1 diabetic patients.
AUTHOR: Ciavarella A; Mustacchio A; Silletti A; Franchi R; Levorato M; Campieri C; Borgnino L C; Capozzi G; Morotti L; Vannini P
CORPORATE SOURCE: Department of Metabolic Diseases, St. Orsola Hospital, Bologna University, Italy.
SOURCE: European journal of medicine, (1992 Sep) 1 (5) 268-72. Journal code: 9209793. ISSN: 1165-0478.
PUB. COUNTRY: France
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199401
ENTRY DATE: Entered STN: 19940209
Last Updated on STN: 19940209
Entered Medline: 19940124

AB OBJECTIVES: To investigate the effect of low doses of the angiotensin converting enzyme inhibitor enalapril on renal haemodynamics and albuminuria in normotensive and hypertensive type 1 (insulin-dependent) diabetic patients with incipient or overt nephropathy. METHODS: Twenty-two type 1 (insulin-dependent) diabetic patients with persistent **microalbuminuria** or macroalbuminuria and normal serum creatinine were studied. Of all patients, 16 males and 6 females, age 45 +/- 13 years, diabetes duration 19 +/- 11 years, insulin dose 38 +/- 11 U/day, 10 were normotensive and 12 were hypertensive. After 3 months of run-in period the patients were assigned to treatment with 5 mg or 10 mg enalapril based on the presence of normotension or hypertension respectively. Before and after 6 months of treatment, renal function was assessed by evaluation of glomerular filtration rate (99m Tc-**DTPA**), renal plasma flow (131-I iodohippurate), filtration fraction and renal vascular resistance. Mean arterial pressure, albumin excretion rate, urinary urea excretion and glycated haemoglobin were also determined. RESULTS: Administration of enalapril resulted in both groups of patients in a significant fall in mean arterial pressure, albumin excretion rate, glomerular filtration rate, filtration fraction, and renal vascular resistance. Decreasing albumin excretion did not correlate with a drop in systemic blood pressure or filtration fraction. No significant variations were observed in renal plasma flow, in urinary urea excretion or in glycated haemoglobin. CONCLUSIONS: Our results suggest that low doses of enalapril are effective in influencing renal haemodynamics and reducing urinary albumin excretion in both normotensive and hypertensive type 1 (insulin-dependent) diabetic patients with incipient or overt nephropathy. The lowering effect of the angiotensin converting enzyme inhibitor on albuminuria seems to be independent of the action on systemic blood pressure and renal haemodynamic changes.

L9 ANSWER 31 OF 33 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN DUPLICATE 12

ACCESSION NUMBER: 1992:346185 BIOSIS
DOCUMENT NUMBER: PREV199294038410; BA94:38410
TITLE: GLOMERULAR FILTRATION RATE AND RENAL VOLUME IN TYPE II DIABETES NON-INSULIN-DEPENDENT STUDY ON NORMO AND MICROALBUMINURIC PATIENTS.
AUTHOR(S): SIGNORINI A M [Reprint author]; TANGANELLI I; FONDELLI C; VATTIMO A; FERRARI F; BORGOGNI P; BORGOGNI L; GRAGNOLI G
CORPORATE SOURCE: CATTEDRA DI MED INTERN OPD, UO DI DIABETOLOGIA
SOURCE: Bollettino Societa Italiana Biologia Sperimentale, (1991) Vol. 67, No. 8, pp. 767-772.
CODEN: BSIBAC. ISSN: 0037-8771.
DOCUMENT TYPE: Article
FILE SEGMENT: BA
LANGUAGE: ITALIAN
ENTRY DATE: Entered STN: 29 Jul 1992
Last Updated on STN: 29 Jul 1992

AB In type 2 diabetes elevated glomerular filtration rate (GFR) and increased renal volume (RV), often accompanied to normo or **microalbuminuria**, were demonstrated. This condition is considered a pathogenetic factor for clinical nephropathy. As this topic is little studied in type 2 diabetes, we have investigated 73 type 2 diabetic patients (34 normo and 39 **microalbuminuric**), looking for a correlation between GFR, RV, hypertension, duration of diabetes and indexes of metabolic control. GFR was measured by scintigraphy, after infusion of 99Tc-**DTPA**. Renal volume was determined by ultrasound scanning. Between the groups GFR and RV weren't different; elevated GFR was demonstrated in 3 patients; increased RV in 1 patient. In the hypertensive group GFR was lower than in normotensive group and in controls. Multivariate analysis in stepwise demonstrated that GFR presents a negative correlation to systolic blood pressure as in normo as in **microalbuminuric** patients. In the normotensive group GFR didn't correlate to the other variables. The present data suggest that in type 2 diabetes there is a little prevalence of glomerular hyperfiltration and increased renal volume and that hypertension plays a role on GFR of hypertensive diabetic patients.

L9 ANSWER 32 OF 33 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN DUPLICATE 13

ACCESSION NUMBER: 1992:192757 BIOSIS
DOCUMENT NUMBER: PREV199293103707; BA93:103707
TITLE: EFFECTS OF SHORT-TERM TREATMENT WITH NAPROXEN ON KIDNEY FUNCTION IN INSULIN-DEPENDENT DIABETIC PATIENTS WITH MICROALBUMINURIA.
AUTHOR(S): NILSEN L [Reprint author]; DJOSELAND O; ROOTWELT K; BERG K J
CORPORATE SOURCE: SECTION NEPHROLOGY, MED DEP B, NATL HOSP, RIKSHOSPITALET, 0027 OSLO 1, NORWAY
SOURCE: Scandinavian Journal of Clinical and Laboratory Investigation, (1991) Vol. 51, No. 7, pp. 591-597.
CODEN: SJCLAY. ISSN: 0036-5513.
DOCUMENT TYPE: Article
FILE SEGMENT: BA
LANGUAGE: ENGLISH
ENTRY DATE: Entered STN: 13 Apr 1992
Last Updated on STN: 14 Apr 1992

AB The renal effects of the prostaglandin synthesis inhibitor naproxen was investigated in eight patients with incipient type I diabetes nephropathy. The patients were treated with 1000 mg naproxen daily for 4 days in a placebo-controlled double-blind cross-over study. Naproxen reduced urinary prostaglandin E2 (PGE2) excretion by 60%, from 276 ng/24 h to 110 ng/24 h ($P < 0.05$). Plasma renin activity (PRA) was reduced by 45% ($P < 0.05$). Glomerular filtration (GFR) (single bolus 99mTc-**DTPA**

technique) and effective renal plasma flow (ERPF) (131I-Hippuran clearance) were unchanged by naproxen. **Microalbuminuria** and renal albumin clearance was unchanged as was also urinary excretion of sodium, glandular kallikrein and β2- microglobulin (β2-M). Our results show that albumin excretion in incipient diabetic nephropathy is not solely dependent on the renal prostaglandin system. The difference in action between naproxen in this study and indomethacin in previous reports, could be caused by renal actions of indomethacin independent of the prostaglandin system.

L9 ANSWER 33 OF 33 DRUGU COPYRIGHT 2004 THOMSON DERWENT on STN
ACCESSION NUMBER: 1988-39521 DRUGU P E
TITLE: Renal Response to a Somatostatin-Analogue (SMS-201-995) in Type 1 (Insulin-Dependent) Diabetic Patients without Overt Nephropathy.
AUTHOR: Poirier J Y; Pinsard D; Moisan A; Dezier J F; Lemoulec N; Lecloirec J
LOCATION: Rennes, France
SOURCE: Diabetologia (31, No. 7, 532A, 1988)
CODEN: DBTGAJ ISSN: 0012-186X
AVAIL. OF DOC.: Clinique Medicale B, Hopital Sud, Rennes, France. (7 authors).
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1988-39521 DRUGU P E
AB Mean GFR decreased whereas filtration fraction (FF) and renal plasma flow (RPF) did not in Type 1 diabetics after s.c. infusion of SMS-201-995. B.P., 24 hr urine output and plasma Na remained unchanged. Short term s.c. SMS-201-995 reduces GFR in some diabetic patients irrespective of their initial filtration rate. (congress abstract).
ABEX The renal response to SMS-201-995 was measured by 99mTc-**DTPA** and 131I-Hippuran. GFR, RPF and FF were measured the day before and during the 3rd day of a continuous s.c. infusion of somatostatin at increasing doses (50, 100 and 200 ug/24 hr) in 7 Type 1 (insulin-dependent) diabetic patients without **microalbuminuria** (aged 39 yr +/- 8; duration of diabetes = 14.4 yr +/- 9) under controlled water and protein intake. Mean GFR decreased (146 +/- 27 ml/min 1.73 sq.m vs. 161 +/- 22) while RPF and FF did not. Decrease in GFR was pronounced (15 ml/min) in only 4 patients, of whom 3 fell into the normal range and only 2 showed a simultaneous decrease in RPF. GFR, RPF and FF showed no significant change in 3 patients, including 2 with high initial GFR value. B.P., 24 hr urine output and plasma Na levels remained unchanged. (LJF)

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FIELD CODE - 'AND' OPERATOR ASSUMED 'L76 (P)(L147'
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L10         138 L2(P)(L3)

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DUPLICATE IS NOT AVAILABLE IN 'ADISINSIGHT, ADISNEWS, BIOCOMMERCE, DGENE,
DRUGMONOG2, IMSRESEARCH, FEDRIP, FOREGE, GENBANK, IMSPRODUCT, KOSMET,
MEDICONF, NUTRACEUT, PCTGEN, PHAR, PHARMAML, PROUSDDR, RDISCLOSURE, SYNTHLINE'.
ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE
PROCESSING COMPLETED FOR L10
L11           56 DUP REM L10 (82 DUPLICATES REMOVED
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FIELD CODE - 'AND' OPERATOR ASSUMED 'BUMINURIA)(P)(IRON'
L1          27 (MICROALBUMINURIA OR MICRO(5W) ALBUMINURIA OR MICRO-ALBUMINURIA)
               (P)(IRON)

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DUPLICATE IS NOT AVAILABLE IN 'ADISINSIGHT, ADISNEWS, BIOCOMMERCE, DGENE,
DRUGMONOG2, IMSRESEARCH, FEDRIP, FOREGE, GENBANK, IMSPRODUCT, KOSMET,
MEDICONF, NUTRACEUT, PCTGEN, PHAR, PHARMAML, PROUSDDR, RDISCLOSURE, SYNTHLINE'.
ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE
PROCESSING COMPLETED FOR L1
L2           10 DUP REM L1 (17 DUPLICATES REMOVED)

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L2   ANSWER 1 OF 10  USPATFULL on STN
ACCESSION NUMBER:       2004:158623  USPATFULL
TITLE:                  Diagnosis and treatment of human kidney diseases
INVENTOR(S):            Shah, Sudhir V., Little Rock, AR, UNITED STATES
PATENT ASSIGNEE(S):     Shiva Biomedical, LLC, Paramus, NJ (U.S. corporation)

                             NUMBER         KIND    DATE
                        --------------- ------ --------
PATENT INFORMATION:     US 2004121422      A1   20040624
APPLICATION INFO.:      US 2003-731522     A1   20031209  (10)
RELATED APPLN. INFO.:   Division of Ser. No. US 2000-553496, filed on 20 Apr
                        2000, PENDING

                               NUMBER        DATE
                        ----------------- --------
PRIORITY INFORMATION:   US 1999-130903P    19990423 (60)
                        US 1999-130908P    19990423 (60)
DOCUMENT TYPE:          Utility
FILE SEGMENT:           APPLICATION
LEGAL REPRESENTATIVE:   HAMILTON, BROOK, SMITH & REYNOLDS, P.C., 530 VIRGINIA
                        ROAD, P.O. BOX 9133, CONCORD, MA, 01742-9133
NUMBER OF CLAIMS:       4
EXEMPLARY CLAIM:        1
```

NUMBER OF DRAWINGS: 1 Drawing Page(s)
LINE COUNT: 1407
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Kidney disease is diagnosed by measuring urinary catalytic iron in humans. Progressive kidney disease is treated by administering an iron chelator to humans. In particular, the progression of kidney disease essentially can be halted and the severity of kidney disease can be reduced by the administration of iron chelators to humans afflicted with a progressive kidney disease. The methods include measuring catalytic iron content in urine in a human afflicted with a progressive kidney disease and administering an iron chelator to the human. The method can include measuring total urinary protein content, blood urea nitrogen or creatinine in a blood sample before, during or after the administration of an iron chelator.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 2 OF 10 USPATFULL on STN
ACCESSION NUMBER: 2004:152179 USPATFULL
TITLE: Diagnosis and treatment of human kidney diseases
INVENTOR(S): Shah, Sudhir V., Little Rock, AR, UNITED STATES
PATENT ASSIGNEE(S): Shiva Biomedical, LLC, Paramus, NJ, 07652 (U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 2004116401	A1	20040617
APPLICATION INFO.:	US 2003-731521	A1	20031209 (10)

RELATED APPLN. INFO.: Division of Ser. No. US 2000-553496, filed on 20 Apr 2000, PENDING

	NUMBER	DATE
PRIORITY INFORMATION:	US 1999-130903P	19990423 (60)
	US 1999-130908P	19990423 (60)

DOCUMENT TYPE: Utility
FILE SEGMENT: APPLICATION
LEGAL REPRESENTATIVE: HAMILTON, BROOK, SMITH & REYNOLDS, P.C., 530 VIRGINIA ROAD, P.O. BOX 9133, CONCORD, MA, 01742-9133
NUMBER OF CLAIMS: 14
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 1 Drawing Page(s)
LINE COUNT: 1437
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Kidney disease is diagnosed by measuring urinary catalytic iron in humans. Progressive kidney disease is treated by administering an iron chelator to humans. In particular, the progression of kidney disease essentially can be halted and the severity of kidney disease can be reduced by the administration of iron chelators to humans afflicted with a progressive kidney disease. The methods include measuring catalytic iron content in urine in a human afflicted with a progressive kidney disease and administering an iron chelator to the human. The method can include measuring total urinary protein content, blood urea nitrogen or creatinine in a blood sample before, during or after the administration of an iron chelator.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L2 ANSWER 3 OF 10 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN DUPLICATE 1
ACCESSION NUMBER: 2004258125 EMBASE
TITLE: Eligibility of diabetic patients for islet transplantation alone.
AUTHOR: Vantyghem M.C.; Perimenis P.; Tourvieille S.; Touzet L.;

Pattou F.
CORPORATE SOURCE: M.C. Vantyghem, Endocrinol. and Metab. Department, Centre Hospitalo-Universitaire, 6, rue du Professeur Laguesse, 59037 Lille Cedex, France. mc-vantyghem@chru-lille.fr
SOURCE: Transplantation Proceedings, (2004) 36/4 (1106-1107).
Refs: 6
ISSN: 0041-1345 CODEN: TRPPA8
PUBLISHER IDENT.: S 0041-1345(04)00439-7
COUNTRY: United States
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 003 Endocrinology
009 Surgery
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English

AB Since the Edmonton protocol, islet transplantation alone (ITA) offers the prospect of adequate glycemic control in type 1 diabetes without kidney failure. Patient motivation, evolution of diabetic complications, and hypoglycemia unawareness have to be balanced against the risks of portal puncture and long-term immunosuppressive therapy. The aim of this work was to assess the profile of 41 type 1 diabetic patients (21 men and 20 women of age 18 to 63 years) for whom islet transplantation was considered, between January 2000 and December 2002. Thirty-one of these patients lived in the area. The patients were divided into 3 groups according to their recruitment: 20, personal initiative (G1); 8, recruited from hospitalization (G2) for marked glycemic imbalance; and 13, (G3) referred by their diabetologist. Among this series of 41 patients, 14 (8 in G1, 4 in G2, and 2 in G3) did not fit the eligibility criteria, mainly because of a positive C-peptide, kidney failure, desire for pregnancy (G1, G3), liver disorders related to alcohol or **iron** overload related to HFE heterozygosity (G2), or good glycemic balance (G3). Sixteen did not wish to proceed after the first information step, 6 of these being more interested in a pump. Eleven, mainly recruited in G1 or G3, went through the clinical pretransplantation assessment. Among these, 2 have undergone transplantation, another 1 is enlisted. Therefore, it appears that patient motivation and information to the diabetologists are two important issues in the recruitment of patients eligible for islet transplantation. Equally important is the measurement of C-peptide, plasma creatinine, and **microalbuminuria**.

L2 ANSWER 4 OF 10 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
ACCESSION NUMBER: 2003:36773197 BIOTECHNO
TITLE: Portuguese-type amyloidosis (transthyretin amyloidosis, ATTR V30M)
AUTHOR: Lobato L.
CORPORATE SOURCE: Dr. L. Lobato, Centro de Estudos de Paramiloidose, Rua D. Manuel II, Hospital Geral de Santo Antonio, Porto, Portugal.
E-mail: llobato@netcabo.pt
SOURCE: Journal of Nephrology, (2003), 16/3 (438-442), 32 reference(s)
CODEN: JLNEEL ISSN: 1121-8428
DOCUMENT TYPE: Journal; Conference Article
COUNTRY: Italy
LANGUAGE: English
SUMMARY LANGUAGE: English
AN 2003:36773197 BIOTECHNO

AB Portuguese-type amyloidosis (transthyretin amyloidosis, ATTR V30M) is the most common form of systemic hereditary amyloidosis, inherited in autosomal dominant mode. The disease, also called familial amyloid polyneuropathy type I (FAP-I), is caused by a mutant transthyretin (TTR) protein, which is synthesized by the liver. A single amino acid substitution of methionine for valine at position 30 of the TTR molecule (TTR V30M) was found in Portuguese patients. The clinical disease usually

manifests as a peripheral sensory, motor and autonomic neuropathy starting in the 3rd or 4th decade of life. Renal manifestations of ATTR V30M, like other amyloidoses, are different levels of proteinuria and renal insufficiency. In ATTR V30M a large amyloid deposition in the medullary zone of the kidney and tubules is characteristic. A more extensive glomerular and vascular involvement is present only in patients with renal manifestations. A prospective survey in the north of Portugal showed that a stage of **microalbuminuria** (MA) could precede nephropathy and neurological disease. Nephropathy in FAP-I is present in one-third of affected patients and tends to aggregate hi families. The progression towards end-stage renal disease (ESRD) affects 10% of the patients, and the survival after initiation of dialysis is a mean of 21 months. Patients who progress to ESRD have a late onset of neuropathy and lower prevalence of clinical disease in their families. Liver transplantation is a widely accepted treatment for FAP-I, and combined liver-kidney transplantation is also an option for selected patients with FAP-I and ESRD.

L2 ANSWER 5 OF 10 CAPLUS COPYRIGHT 2004 ACS on STN DUPLICATE 2

ACCESSION NUMBER: 2002:383624 CAPLUS
DOCUMENT NUMBER: 137:308760
TITLE: Transferrinuria in type 2 diabetic patients with early nephropathy and tubulointerstitial injury
AUTHOR(S): Kanauchi, Masao; Akai, Yasuhiro; Hashimoto, Toshio
CORPORATE SOURCE: First Department of Internal Medicine, Nara Medical University, Kashihara, Nara, 634-0813, Japan
SOURCE: European Journal of Internal Medicine (2002), 13(3), 190-193
CODEN: EJIMEJ; ISSN: 0953-6205
PUBLISHER: Elsevier Science Ireland Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Background: Transferrinuria is thought to be a marker for early stages of diabetic nephropathy. Transferrin has also been proposed as a mediator of tubular toxicity because the resorption of transferrin results in the release of reactive **iron** in proximal tubular cells, promoting the formation of hydroxyl radicals. We evaluated the role of urinary transferrin excretion in diabetic patients with early nephropathy by comparing tubulointerstitial injury in renal biopsy specimens. Patients and methods: 45 type 2 diabetic patients with normoalbuminuria (urinary albumin excretion <30 mg/24 h) or **microalbuminuria** (30-300 mg/24 h) were studied. All patients with **microalbuminuria** underwent renal biopsy, and the severity of the tubulo-interstitial lesions was determined by a semiquant. estimate of interstitial fibrosis, tubular atrophy, and interstitial inflammatory infiltrates. Subjects were classified into group A (normoalbuminuria, n=25), group B (**microalbuminuria** without tubulointerstitial changes, n=11) or group C (**microalbuminuria** with tubulointerstitial changes, n=9). Results: Urinary transferrin excretion (UTf), as well as UTf/creatinine clearance (Ccr), and transferrin clearance (CTf/Ccr), was significantly higher in groups B and C than in group A, and it was significantly higher in group C than in group B. There were no significant differences in urinary albumin excretion or mesangial expansion rate (MR% estimated by quant. morphometric studies) between groups B and C. Although urinary β2-microglobulin excretion was significantly higher in group C than in groups A and B, urinary N-acetyl-β-D-glucosaminidase activity was significantly higher in groups B and C than in group A. Conclusions: Increased transferrinuria in the microalbuminuric stage may lead to the development of tubulointerstitial injuries in type 2 diabetic patients.

REFERENCE COUNT: 21 THERE ARE 21 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 6 OF 10 CAPLUS COPYRIGHT 2004 ACS on STN DUPLICATE 3

ACCESSION NUMBER: 2001:547858 CAPLUS
DOCUMENT NUMBER: 136:132824
TITLE: Role of hemochromatosis C282Y and H63D mutations in HFE gene in development of type 2 diabetes and diabetic nephropathy
AUTHOR(S): Moczulski, Dariusz K.; Grzeszczak, Wladyslaw; Gawlik, Barbara
CORPORATE SOURCE: Department of Internal Medicine and Diabetes, Silesian School of Medicine, Zabrze, 41-100, Pol.
SOURCE: Diabetes Care (2001), 24(7), 1187-1191
CODEN: DICAD2; ISSN: 0149-5992
PUBLISHER: American Diabetes Association, Inc.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB OBJECTIVE - In patients with clin. hemochromatosis, the frequency of diabetes ranges from 20 to 50%, and the heterozygosity for the C282Y mutation in the HFE gene might be associated with an increased risk for diabetes. There are also some reports that suggest that **iron** overload might cause diabetic nephropathy. RESEARCH DESIGN AND METHODS - the authors performed an association study to assess the role of the C282Y and H63D mutations in the HFE gene as a risk factor for type 2 diabetes and diabetic nephropathy. Altogether, 563 patients with type 2 diabetes were included in the study. In the analyzed group, 108 patients had overt proteinuria, 154 had **microalbuminuria**, and 301 had normoalbuminuria. Among the patients with normoalbuminuria, only those with known diabetes duration ≥10 yr were considered normoalbuminuric. A total of 196 unrelated healthy subjects were used as a control group. All subjects were genotyped for C282Y and H63D using the polymerase chain reaction-based protocol. RESULTS - There was an increased frequency of 282Y allele carriers among patients with type 2 diabetes vs. healthy control subjects (OR 5.3, 95% CI 1.6-17.3). The authors observed an increased frequency of the 63D allele carriers among patients with diabetic nephropathy (1.8, 1.2-2.8). CONCLUSIONS - In conclusion, the authors' study is the first to indicate that being a carrier of the H63D hemochromatosis mutation is a risk factor for nephropathy in type 2 diabetic patients. The authors also confirmed previous observations that the frequency of the 282Y mutation was higher in patients with type 2 diabetes than it was in the general population of healthy subjects.

REFERENCE COUNT: 29 THERE ARE 29 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 7 OF 10 Elsevier BIOBASE COPYRIGHT 2004 Elsevier Science B.V. on STN
ACCESSION NUMBER: 2001155502 ESBIOBASE
TITLE: Erythropoietin-dependent anaemia: A possible complication of diabetic neuropathy
AUTHOR: Hadjadj S.; Torremocha F.; Fanelli A.; Brizard A.; Bauwens M.; Marechaud R.
CORPORATE SOURCE: S. Hadjadj, Department of Internal Medicine, University Hospital, BP 577, 86021 Poitiers Cedex, France.
E-mail: cca.endocrino@chu-poitiers.fr
SOURCE: Diabetes and Metabolism, (2001), 27/3 (383-385), 11 reference(s)
CODEN: DIMEFW ISSN: 1262-3636
DOCUMENT TYPE: Journal; Article
COUNTRY: France
LANGUAGE: English
SUMMARY LANGUAGE: English; French

AB We report the case of a 52-year-old woman with long-term type 1 diabetes mellitus, complicated with proliferative retinopathy, autonomic neuropathy and **microalbuminuria** and moderate renal failure. A normochromic, normocytic aregenerative anaemia had been diagnosed for

three years. Clinical and biological investigations for the aetiology of anaemia remained normal or negative. Anaemia was associated with a concentration of erythropoietin (EPO) in the normal range, but inappropriately low regarding anaemia. Treatment with recombinant EPO induced a rapid increase in haemoglobin level and improved the patient's quality of life. The role of diabetic neuropathy in the genesis of anaemia, in conjunction with a modest renal impairment is discussed.

L2 ANSWER 8 OF 10 CAPLUS COPYRIGHT 2004 ACS on STN DUPLICATE 4
ACCESSION NUMBER: 2000:772851 CAPLUS
DOCUMENT NUMBER: 133:307307
TITLE: Diagnosis of human kidney diseases by measuring catalytic iron in urine and disease treatment with iron chelator
INVENTOR(S): Shah, Sudhir V.
PATENT ASSIGNEE(S): Shiva Biomedical, LLC, USA
SOURCE: PCT Int. Appl., 52 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2000065346	A1	20001102	WO 2000-US10775	20000421
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
EP 1173757	A1	20020123	EP 2000-928274	20000421
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
JP 2002543386	T2	20021217	JP 2000-614035	20000421
US 2004116401	A1	20040617	US 2003-731521	20031209
US 2004121422	A1	20040624	US 2003-731522	20031209

PRIORITY APPLN. INFO.:		
US 1999-130903P	P	19990423
US 1999-130908P	P	19990423
US 2000-553496	A3	20000420
WO 2000-US10775	W	20000421

AB Kidney disease is diagnosed by measuring urinary catalytic iron in humans. Progressive kidney disease is treated by administering an iron chelator to humans. In particular, the progression of kidney disease essentially can be halted and the severity of kidney disease can be reduced by the administration of iron chelators to humans afflicted with a progressive kidney disease. The methods include measuring catalytic iron content in urine in a human afflicted with a progressive kidney disease and administering an iron chelator to the human. The method can include measuring total urinary protein content, blood urea nitrogen or creatinine in a blood sample before, during or after the administration of an iron chelator. Catalytic iron content was measured in urine using a bleomycin assay.
REFERENCE COUNT: 7 THERE ARE 7 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 9 OF 10 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN DUPLICATE 5
ACCESSION NUMBER: 2000:164501 BIOSIS
DOCUMENT NUMBER: PREV200000164501

TITLE: Distinct risk profiles of early and advanced atherosclerosis: Prospective results from the Bruneck Study.

AUTHOR(S): Willeit, Johann [Reprint author]; Kiechl, Stefan; Oberhollenzer, Friedrich; Rungger, Gregor; Egger, Georg; Bonora, Enzo; Mitterer, Manfred; Muggeo, Michele

CORPORATE SOURCE: Department of Neurology, Innsbruck University Clinic, Anichstrasse 35, A-6020, Innsbruck, Austria

SOURCE: Arteriosclerosis Thrombosis and Vascular Biology, (Feb., 2000) Vol. 20, No. 2, pp. 529-537. print.
ISSN: 1079-5642.

DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 26 Apr 2000
Last Updated on STN: 4 Jan 2002

AB Most epidemiological surveys on risk factors of atherosclerosis were cross-sectional in design and did not consider the existence of pathologically distinct processes. The Bruneck Study is a prospective survey in the general community (age range, 40 to 79 years). The baseline examination and first reevaluation were performed in the summers of 1990 and 1995 (participation, 92%; follow-up, 96%). Carotid atherosclerosis was monitored with high-resolution duplex ultrasound. Early (incidence and/or extension of nonstenotic lesions) and advanced (incidence and/or progression of stenosis >40%) stages of atherogenesis were differentiated. The risk profile of early atherogenesis consists of traditional risk factors, such as hypertension, hyperlipidemia, and cigarette smoking (pack-years), supplemented by a variety of less well-established risk conditions, including high body **iron** stores, hypothyroidism, **microalbuminuria**, and high alcohol consumption. In contrast, the risk profile of advanced atherogenesis includes markers of enhanced prothrombotic capacity, attenuated fibrinolysis, and clinical conditions known to interfere with coagulation: high fibrinogen, low antithrombin, factor V Leiden mutation, lipoprotein(a) >0.32 g/L, high platelet count, cigarette smoking, and diabetes. Hyperlipidemia and hypertension were of only minor relevance. These findings, along with the epidemiological features of advanced atherogenesis and emergence of an elevated fibrin turnover, suggest atherothrombosis to be a key mechanism in the development of advanced stenotic atherosclerosis. Supplementary 6-category logistic regression models illustrate the changing association between major risk predictors and atherosclerosis of increasing severity and substantiate appropriateness of the 40% threshold applied for the definition of advanced stenotic atherosclerosis. Atherosclerosis is a heterogeneous process that subsumes etiologically and epidemiologically distinct disease entities. The multifactorial etiology of atherosclerosis, which goes far beyond the traditional risk factors, has not yet achieved adequate attention in clinical practice and disease prevention.

ACCESSION NUMBER: 1998265981 EMBASE

TITLE: Diabetic nephropathy in hypertransfused patients with β-thalassemia: The role of oxidative stress.

AUTHOR: Loebstein R.; Lehotay D.C.; Luo X.; Bartfay W.; Tyler B.; Sher G.D.

CORPORATE SOURCE: Dr. G.D. Sher, Blood Transfusion Service, Toronto Hospital, 200 Elizabeth St., Toronto, Ont. M5G 2C4, Canada. gsher@torhosp.toronto.on.ca

SOURCE: Diabetes Care, (1998) 21/8 (1306-1309).
Refs: 20
ISSN: 0149-5992 CODEN: DICAD2

COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 003 Endocrinology

028 Urology and Nephrology
LANGUAGE: English
SUMMARY LANGUAGE: English
AB OBJECTIVE - Pathogenesis of diabetes-related microvascular complications involving oxidative damage by free radicals has been demonstrated. Free radical generation has been shown to derive largely from **iron**. Our objectives, therefore, were to determine if there is an increased incidence and/or an accelerated course of nephropathy in patients with diabetes, secOndary to transfusional hemochromatosis, and to examine whether free radical activity contributes to the development of this complication. RESEARCH DESIGN AND METHODS - We evaluated nine patients with homozygous β- thalassemia, complicated by clinically overt diabetes, for diabetic nephropathy over a 7-year period. Lipid peroxidation was quantified by measuring the presence of 20 saturated and unsaturated aldehydes, and results were compared with five normotensive type I diabetic patients without **iron** overload. RESULTS - Nephropathy developed in five of nine patients (55%) after a mean duration of overt diabetes of 3.6 ± 2.0 years. Three patients showed evidence of progressive **microalbuminuria** over a 7-year period (24.7- 46.2, 52.2-430.1, and 17.7-54.3 μg/min, respectively). Two patients with borderline **microalbuminuria** (19.9 and 14.5 μg/min, respectively) demonstrated stable albumin excretion rates over the follow-up period. Total aldehyde concentration was significantly higher in β-thalassemia diabetic patients, compared with nonthalassemic diabetic control subjects (8,106 ± 1,280 vs. 4,594 ± 247 nmol/l; P < 0.0001). The three patients with progressive **microalbuminuria** demonstrated significantly higher total aldehyde concentration, compared with the other β-thalassemia diabetic patients with stable albumin excretion (9,428 ± 337 vs. 7,445 ± 1,003 nmol/l; P < 0.01). Serum vitamin E concentrations were significantly lower in β-thalassemia patients with diabetes, compared with diabetic patients without **iron** overload (12.1 ± 6.0 vs. 25.9 ± 11.4 μmol/l; P = 0.02). Serum vitamin C concentrations did not differ between the two groups. Multiple regression analysis demonstrated total aldehyde concentration to be the most significant predictor for the development of **microalbuminuria** (P = 0.01), followed by the duration of diabetes (P = 0.02) and glycemic control (P = 0.02). CONCLUSIONS - Early development and an accelerated course of diabetic nephropathy in **iron**-loaded patients with β-thalassemia are observed. These findings may be attributed to high oxidative stress in these patients, which is secondary to **iron**-derived free radicals and to the patients' diminished antioxidant reserves.

10 (DEFERIPRONE OR DEFEROXAMINE OR POLYANIONIC OR POLYAZA OR CHELAT OR OR DESFERRIOXAMINE OR DFO) (P) (MICROALBUMINURIA OR MICRO(5W) ALBUMINURIA OR MICRO-ALBUMINURIA)

=> dup rem l3
DUPLICATE IS NOT AVAILABLE IN 'ADISINSIGHT, ADISNEWS, BIOCOMMERCE, DGENE, DRUGMONOG2, IMSRESEARCH, FEDRIP, FOREGE, GENBANK, IMSPRODUCT, KOSMET, MEDICONF, NUTRACEUT, PCTGEN, PHAR, PHARMAML, PROUSDDR, RDISCLOSURE, SYNTHLINE'.
ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE
PROCESSING COMPLETED FOR L3
L4 5 DUP REM L3 (5 DUPLICATES REMOVED)

=> d ibib abs l4 1-5

L4 ANSWER 1 OF 5 USPATFULL on STN
ACCESSION NUMBER: 2004:158623 USPATFULL
TITLE: Diagnosis and treatment of human kidney diseases
INVENTOR(S): Shah, Sudhir V., Little Rock, AR, UNITED STATES
PATENT ASSIGNEE(S): Shiva Biomedical, LLC, Paramus, NJ (U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 2004121422	A1	20040624
APPLICATION INFO.:	US 2003-731522	A1	20031209 (10)

RELATED APPLN. INFO.: Division of Ser. No. US 2000-553496, filed on 20 Apr 2000, PENDING

	NUMBER	DATE
PRIORITY INFORMATION:	US 1999-130903P	19990423 (60)
	US 1999-130908P	19990423 (60)

DOCUMENT TYPE: Utility
FILE SEGMENT: APPLICATION
LEGAL REPRESENTATIVE: HAMILTON, BROOK, SMITH & REYNOLDS, P.C., 530 VIRGINIA ROAD, P.O. BOX 9133, CONCORD, MA, 01742-9133
NUMBER OF CLAIMS: 4
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 1 Drawing Page(s)
LINE COUNT: 1407
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Kidney disease is diagnosed by measuring urinary catalytic iron in humans. Progressive kidney disease is treated by administering an iron chelator to humans. In particular, the progression of kidney disease essentially can be halted and the severity of kidney disease can be reduced by the administration of iron chelators to humans afflicted with a progressive kidney disease. The methods include measuring catalytic iron content in urine in a human afflicted with a progressive kidney disease and administering an iron chelator to the human. The method can include measuring total urinary protein content, blood urea nitrogen or creatinine in a blood sample before, during or after the administration of an iron chelator.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L4 ANSWER 2 OF 5 USPATFULL on STN
ACCESSION NUMBER: 2004:152179 USPATFULL
TITLE: Diagnosis and treatment of human kidney diseases
INVENTOR(S): Shah, Sudhir V., Little Rock, AR, UNITED STATES
PATENT ASSIGNEE(S): Shiva Biomedical, LLC, Paramus, NJ, 07652 (U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 2004116401	A1	20040617

APPLICATION INFO.: US 2003-731521 A1 20031209 (10)
RELATED APPLN. INFO.: Division of Ser. No. US 2000-553496, filed on 20 Apr 2000, PENDING

	NUMBER	DATE
PRIORITY INFORMATION:	US 1999-130903P	19990423 (60)
	US 1999-130908P	19990423 (60)

DOCUMENT TYPE: Utility
FILE SEGMENT: APPLICATION
LEGAL REPRESENTATIVE: HAMILTON, BROOK, SMITH & REYNOLDS, P.C., 530 VIRGINIA ROAD, P.O. BOX 9133, CONCORD, MA, 01742-9133
NUMBER OF CLAIMS: 14
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 1 Drawing Page(s)
LINE COUNT: 1437
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Kidney disease is diagnosed by measuring urinary catalytic iron in humans. Progressive kidney disease is treated by administering an iron chelator to humans. In particular, the progression of kidney disease essentially can be halted and the severity of kidney disease can be reduced by the administration of iron chelators to humans afflicted with a progressive kidney disease. The methods include measuring catalytic iron content in urine in a human afflicted with a progressive kidney disease and administering an iron chelator to the human. The method can include measuring total urinary protein content, blood urea nitrogen or creatinine in a blood sample before, during or after the administration of an iron chelator.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L4 ANSWER 3 OF 5 CAPLUS COPYRIGHT 2004 ACS on STN DUPLICATE 1
ACCESSION NUMBER: 2000:772851 CAPLUS
DOCUMENT NUMBER: 133:307307
TITLE: Diagnosis of human kidney diseases by measuring catalytic iron in urine and disease treatment with iron chelator
INVENTOR(S): Shah, Sudhir V.
PATENT ASSIGNEE(S): Shiva Biomedical, LLC, USA
SOURCE: PCT Int. Appl., 52 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2000065346	A1	20001102	WO 2000-US10775	20000421
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
EP 1173757	A1	20020123	EP 2000-928274	20000421
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
JP 2002543386	T2	20021217	JP 2000-614035	20000421
US 2004116401	A1	20040617	US 2003-731521	20031209
US 2004121422	A1	20040624	US 2003-731522	20031209

PRIORITY APPLN. INFO.: US 1999-130903P P 19990423
US 1999-130908P P 19990423
US 2000-553496 A3 20000420
WO 2000-US10775 W 20000421

AB Kidney disease is diagnosed by measuring urinary catalytic iron in humans. Progressive kidney disease is treated by administering an iron chelator to humans. In particular, the progression of kidney disease essentially can be halted and the severity of kidney disease can be reduced by the administration of iron chelators to humans afflicted with a progressive kidney disease. The methods include measuring catalytic iron content in urine in a human afflicted with a progressive kidney disease and administering an iron chelator to the human. The method can include measuring total urinary protein content, blood urea nitrogen or creatinine in a blood sample before, during or after the administration of an iron chelator. Catalytic iron content was measured in urine using a bleomycin assay.

REFERENCE COUNT: 7 THERE ARE 7 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 4 OF 5 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN
DUPLICATE 2
ACCESSION NUMBER: 1990:450134 BIOSIS
DOCUMENT NUMBER: PREV199090100774; BA90:100774
TITLE: ULTRASENSITIVE TIME-RESOLVED IMMUNOFLUOROMETRY OF HUMAN ALBUMIN IN URINE USING MONOCLONAL ANTIBODIES A NEW ASSAY FOR MICROALBUMINURIA.
AUTHOR(S): DIAMANDIS E P [Reprint author]; OGILVIE R R
CORPORATE SOURCE: DEP CLINICAL BIOCHEM, TORONTO WESTERN HOSP, 399 BATHURST ST, TORONTO, ONTARIO M5T 2S8
SOURCE: Annals of Clinical Biochemistry, (1990) Vol. 27, No. 3, pp. 232-237.
CODEN: ACBOBU. ISSN: 0004-5632.
DOCUMENT TYPE: Article
FILE SEGMENT: BA
LANGUAGE: ENGLISH
ENTRY DATE: Entered STN: 7 Oct 1990
Last Updated on STN: 7 Oct 1990

AB We describe a two-site, sandwich methodology for human albumin in urine. In the assay, albumin binds to a solid-phase monoclonal antibody and to another monoclonal that is biotinylated. The immunocomplex is then quantified by adding streptavidin which is labelled with an europium **chelator**, using time-resolved fluorometry. The assay is extremely sensitive (< 1μg/L) and specific. A sample predilution of 251-fold or more is needed before analysis. The analytical parameters studied (precision, recovery, linearity, comparisons) were found to be satisfactory. The assay is simple to perform and is proposed as a non-isotopic alternative to radioimmunoassay for the quantification of small amounts of albumin in urine for the purpose of assessing **microalbuminuria**.

L4 ANSWER 5 OF 5 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN
DUPLICATE 3
ACCESSION NUMBER: 1989:43743 BIOSIS
DOCUMENT NUMBER: PREV198936021060; BR36:21060
TITLE: INCREASED GLOMERULAR PERMEABILITY AN EARLY EFFECT OF CADMIUM EXPOSURE.
AUTHOR(S): LAUWERYS R [Reprint author]; BERNARD A; OULED A
CORPORATE SOURCE: UNIT OF INDUSTRIAL TOXICOL AND OCCUPATIONAL MED, CATHOLIC UNIV OF LOUVAIN, BRUSSELS, BELGIUM
SOURCE: (1988) pp. 97-100. WHO. OCCUPATIONAL HEALTH IN THE CHEMICAL INDUSTRY; XXII ICOH (INTERNATIONAL COMMISSION ON OCCUPATIONAL HEALTH) CONGRESS, SYDNEY, NEW SOUTH WALES, AUSTRALIA, SEPTEMBER 27-OCTOBER 2, 1987. VIII+240P. WHO: COPENHAGEN, DENMARK. ILLUS. PAPER.

DOCUMENT TYPE: Conference; (Meeting)
FILE SEGMENT: BR
LANGUAGE: ENGLISH
ENTRY DATE: Entered STN: 27 Dec 1988
Last Updated on STN: 27 Dec 1988

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